

Name  
in  
Full

Frederick A Alvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1908	Mar	17	18				
Sex	Male	Color or Race	white	Birth-place	Indiana		
Occupation	Farmer		Where Residing if not at place of death	Same			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Fred. A Alvey		Father's Birthplace	Indiana			
Mother's Maiden Name	Mrs B. Smelser		Mother's Birthplace	Ibid			
Name of person giving information	J.R. Leaven		How related to deceased	None			

CAUSES OF DEATH

159

Primary

Gunsot wound in Epigastrium instant.

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Clyde Routin  
Buckystown  
Sub. Ry.

PHYSICIAN  
OR CORONER

Accident or Suicide?

Suicide



Name  
in  
Full

Lawrence Barrier

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Hoodsboro	Fred'Y.			
Date of death	Month	Day	Years	Months	Days
1908	3	22	Age	3	24
Sex	Male	Color or Race	White	Birth-place	Hoodsboro
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Leonard C. Barrier				
Mother's Maiden Name	Maurie J. Barrier				
Name of person giving Information	Mother				

CAUSES OF DEATH

(8)

PHYSICIAN  
OR CORONER

Primary

Paroxysms

How long

3 1/2 mo.

Immediate

Phosphy-cough,

How long

2 weeks.

Are the name, age, sex, color, date and place correctly given above?

Yes

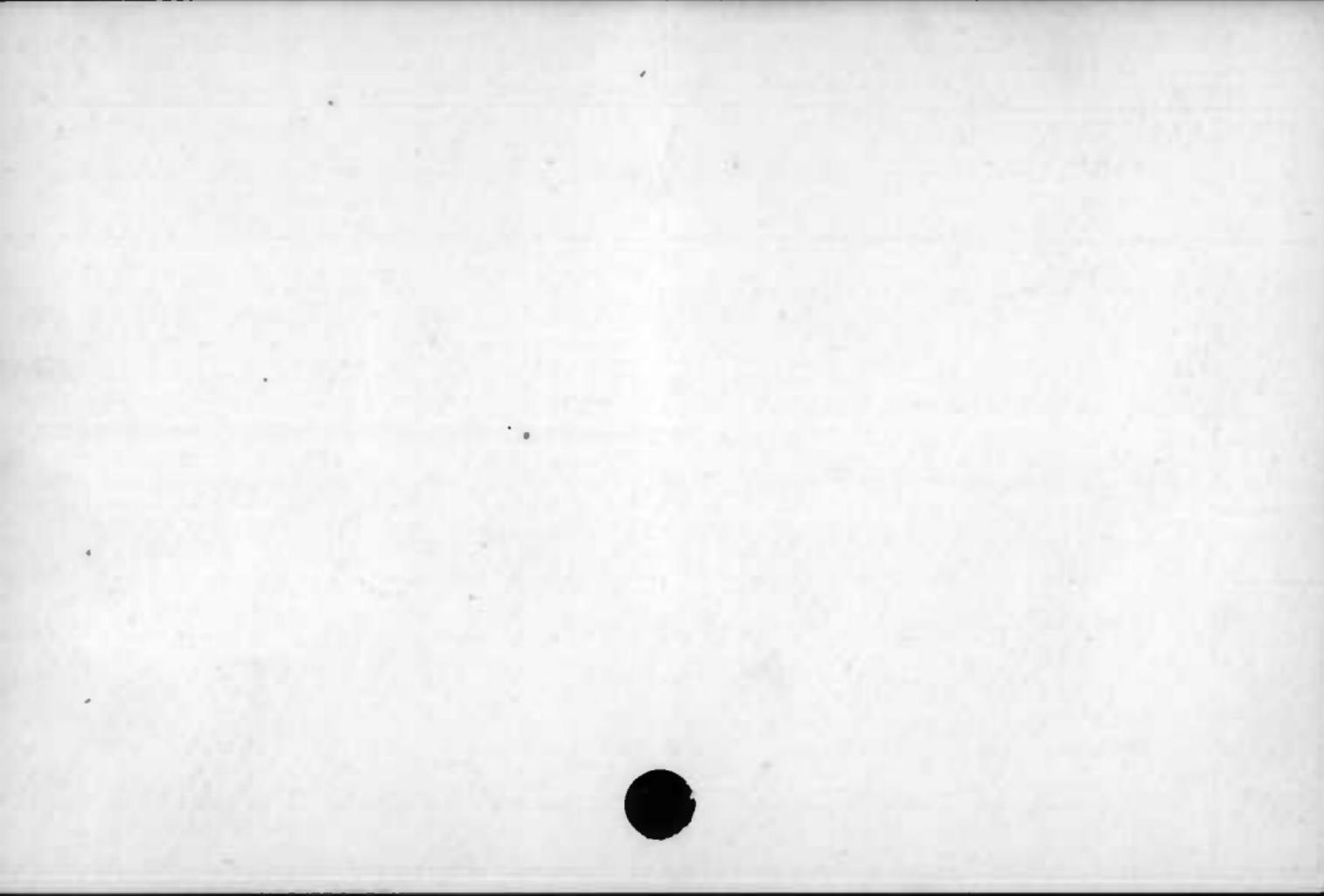
Signature of Physician

M. H. Gale

Address

Hoodsboro,  
Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Christoper Bidle

CERTIFICATE OF DEATH

Died at Middletown		Town	County Frederick Co		MARYLAND	
Date of death 1908	Month March	Day 8	Years 91	Age 91	Months 7	Days 22
Sex Male	Color or Race White			Birth-place Germantown		
Occupation Former	Where Residing if not at place of death Middletown					
Married Single Widowed	Name of Wife or Husband Elizabeth Bidle			Father's Birthplace Unknown		
Father's Name Unknown			Mother's Birthplace Unknown			
Mother's Maiden Name Unknown			How related to deceased none			
Name of person giving information John H. Fultz	CAUSES OF DEATH		120			
Primary Chronic Nephritis			long 8 years			
Immediate Edema of lungs			How long 2 days.			
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician Ralph Bradbury					
	Address Myersville, Md.					
Accident or Suicide?						

017010116.

Name  
in  
Full

George O. Boins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month 3	Day 4	Age 38	Years	Months	Days
Sex	Male	Color or Race	Black		Birth- place	Frederick	
Occupation	Waiter	Where Residing if not at place of death			Same		
Married, Single or Widowed	Widower	Name of Wife or Husband	Clara Palmer		Father's Name	John B. Boins	
Mother's Maiden Name	Hannah Johnson				Mother's Birthplace	Md	
Name of person giving Information	Hannah Boins				How related to deceased	Mod Mother	

CAUSES OF DEATH

27

How long Indefinite -  
Probably a year or more  
How long

PHYSICIAN  
OR CORONER

Primary	Tuberculosis (Pulmonary)	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	(Signature)	

Interment at Greenwich,  
" Mar 6 - 08 Cem.

Thomas P. Rice F.D.

Dr J Meredith Smith

Dr McCurdy.

Name  
in  
Full

Andrew J. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1908	March	19	Age 80	2	20	
Sex	Color or Race	Where Residing if not at place of death				
male	White	Slumerton				
Occupation						
Farmer						
Married, Single or Widowed	Name of Wife or Husband	Sallie E Brown				
Married	Nicholast H. Brown	Md.				
Father's Name						
Mother's Maiden Name	Sallie Peters	Slumerton Md.				
Name of person giving information	Andrew J. Brown					
CAUSES OF DEATH						
Primary	General debility					
Immediate	Heart failure					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Benz C. Perry			
yes		Address	Arden Md.			
Accident or Suicide?						

154

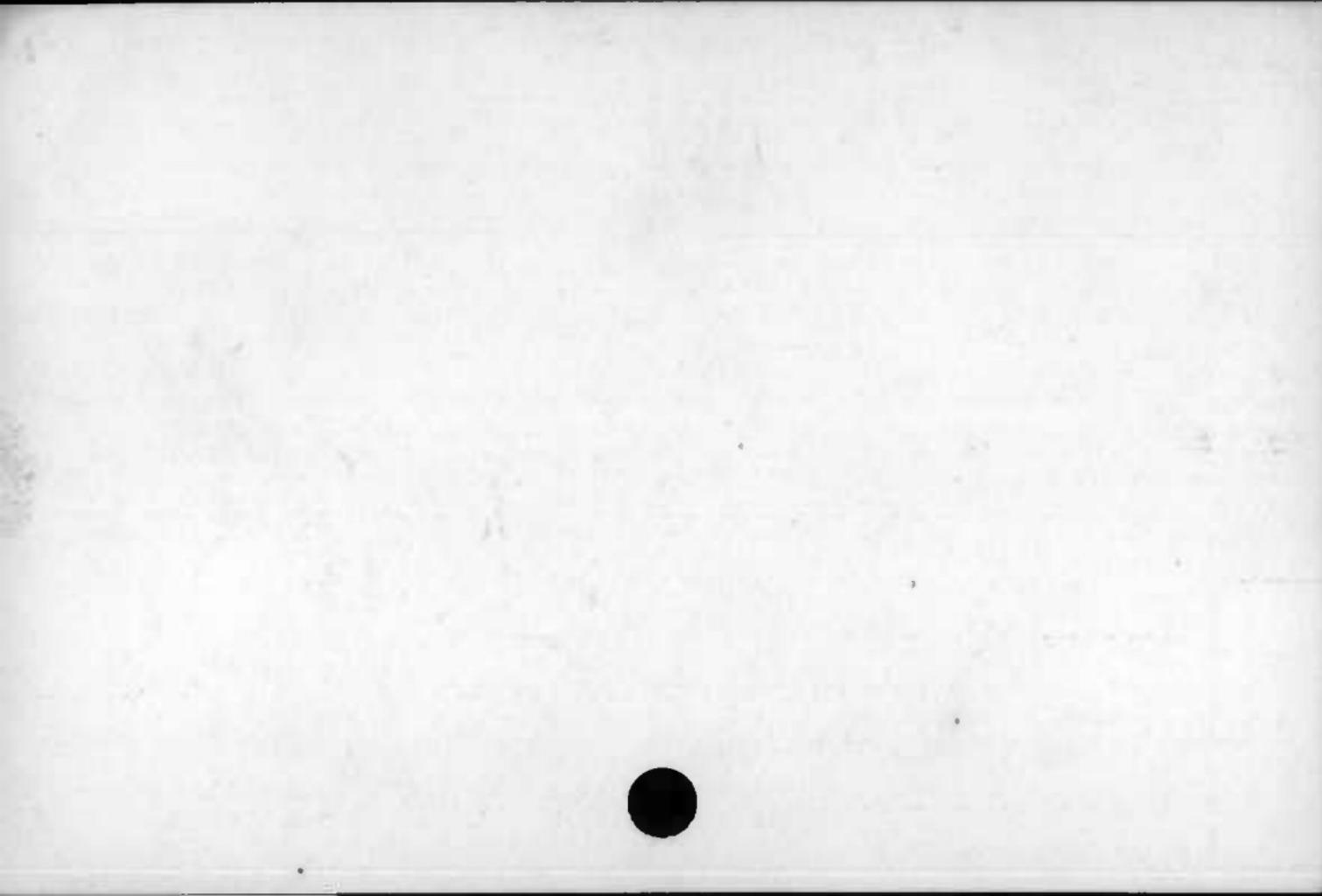
How long

3 yrs.

How long

1/2 hour

PHYSICIAN  
OR CORONER



Name  
in  
Full

Margant L. Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	3	6	1	—	—
Sex	Female	Color or Race	Record	Birth-place	md
Occupation	X	Where Residing if not at place of death			
Married, Single or Widowed	X	Name of Wife or Husband	X	Father's Birthplace	md
Father's Name	Charles H. Brown			Mother's Birthplace	md
Mother's Maiden Name	Marietta Jeupple			How related to deceased	sister
Name of person giving information	Mary Ellen Brown			27	How long

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumis Pul.

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

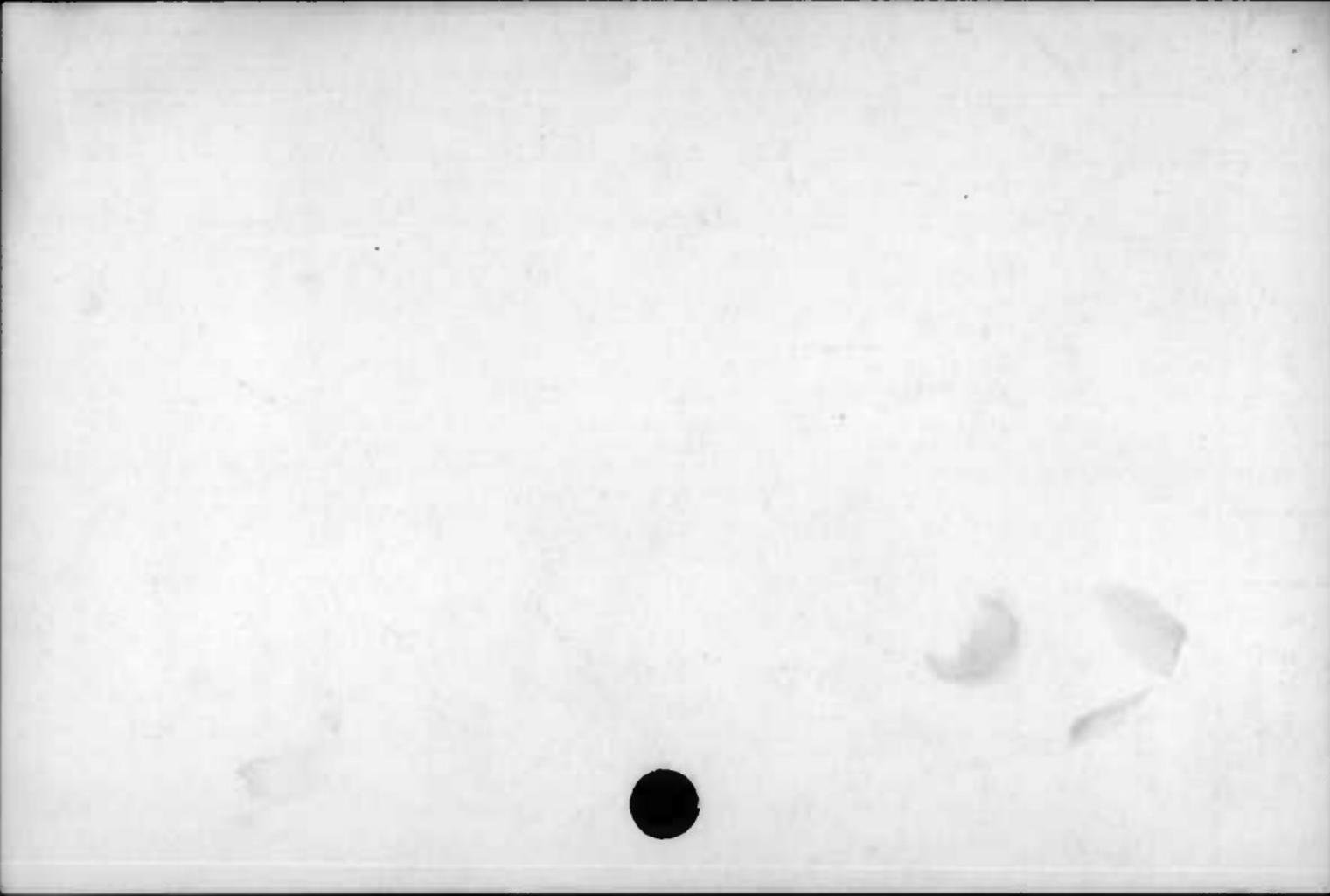
Signature of Physician

Address

B. F. Gordon, M.D.  
Frederick,  
Md

Accident or Suicide?

X



Name  
in  
Full

Daniel J Brunner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Frederick <sup>own</sup>		County	Frederick Co	
Date of death	Month	Day	Years	Munths	Days
1908	3	7	22	3	29
Sex	Male	Color or Race	White	Birth-place	Washington Co Md
Occupation	Laborer		Where Residing If not at place of death		
Married, Single or Widowed	Maurice	Name of Wife or Husband	Hendrie Stevens		
Father's Name	Tho Brunner		Father's Birthplace	Washington Co Md	
Mother's Maiden Name	Naomy Dwyer		Mother's Birthplace		
Name of person giving Information	John J Brunner		How related to deceased	Brother	

CAUSES OF DEATH

118

PHYSICIAN  
OR CORONER

Primary

Appendicitis

6 months.

Immediate

Post-operative Inconvity

2 weeks.

Are the name, age, sex, color, date  
and place correctly given above?

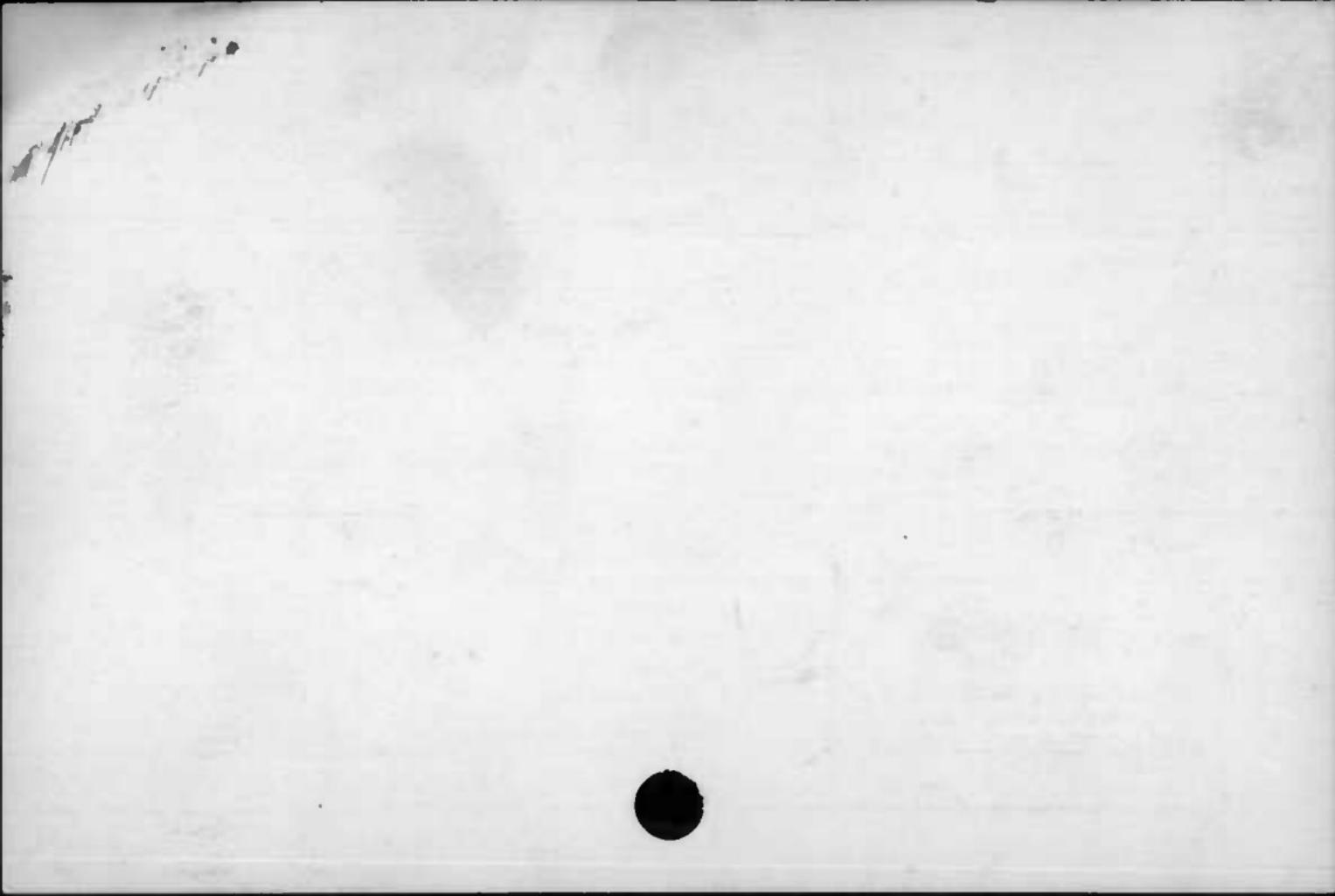
Signature of  
Physician

Address

Thos. B. Johnson.

Fredrick, Md

Accident or Suicide?



Name  
in  
Full

Edward St. Bruder

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age		Birthplace			
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband	Ann Miller					
Father's Name	Piby Brunner			Father's Birthplace	W Va		
Mother's Maiden Name	Sophia Shaffer			Mother's Birthplace	Frederick Md		
Name of person giving information	Edgar Brunner			How related to deceased	Son		
CAUSES OF DEATH							
Primary	Disease of heart - Dilatation & Disease - 3 yrs			How long			
Immediate	Paralysis of heart			How long	Second attack		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	S. S. Maynard,		
				Address	17 Green St. A. Frederick Md.		
Accident or Suicide?							

PHYSICIAN  
OR CORONER



Name

in  
Full

Caroline Rebecca Chaney

## CERTIFICATE OF DEATH

TO BE ANSWERED BY:

NEAREST FRIEND

Died at <u>Woodville</u>		Town <u>Town</u>		County <u>Frederick</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>March</u>	Day <u>7</u>	Age <u>72</u>	Years <u>72</u>	Months <u>10</u>	Days <u>11</u>	
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Maryland</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Near Woodville Md</u>						
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Charles Chaney</u>			Father's Birthplace <u>Md</u>			
Father's Name <u>Bachariah Bramham</u>					Mother's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Rachel Hardin</u>					How related to deceased <u>In no way</u>		
Name of person giving information <u>John Wilson</u>							

## CAUSES OF DEATH

104

How long

How long

one week

4 weeks

PHYSICIAN  
OR CORONER

Primary

Indigestion

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

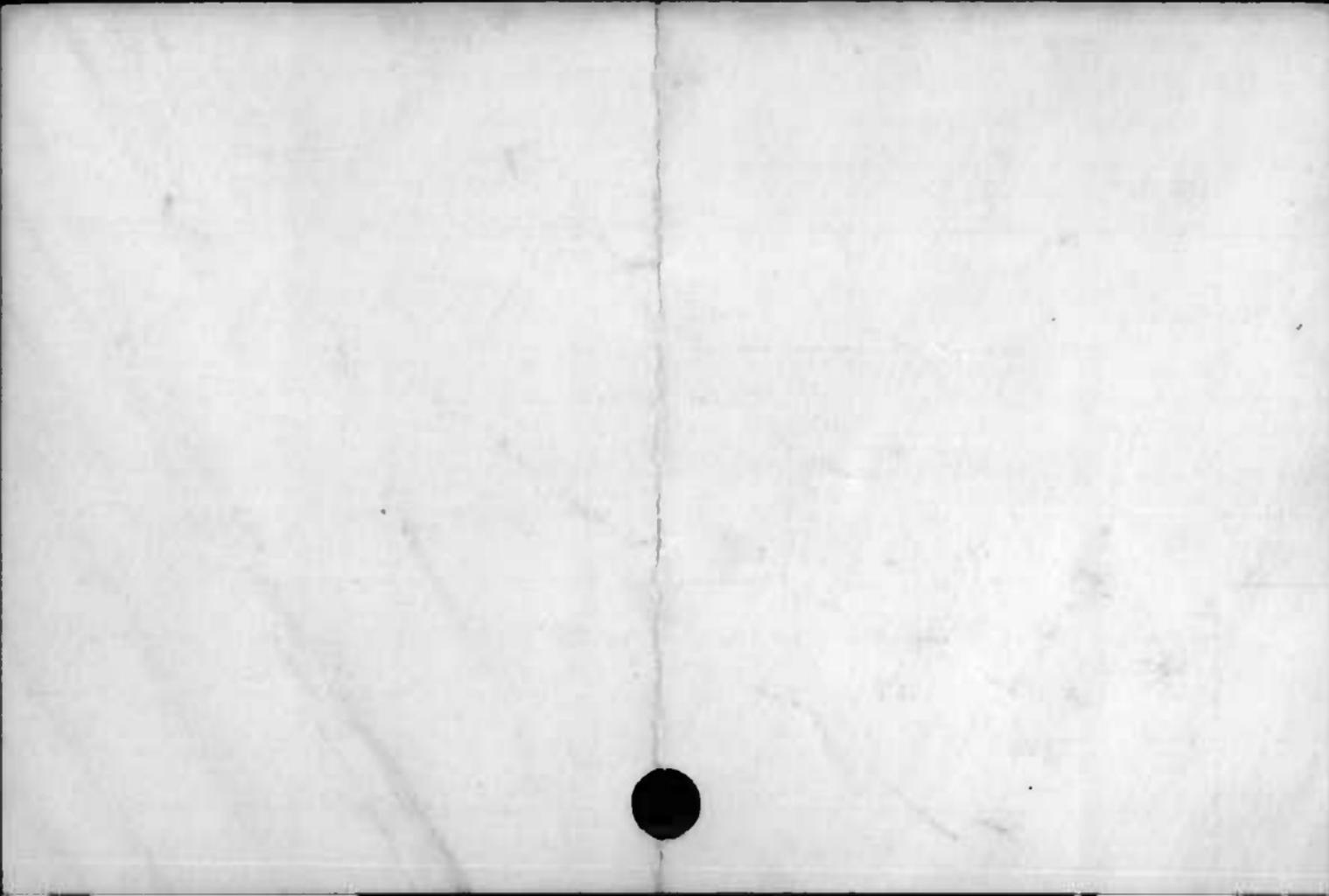
yes

Signature of Physician

Address

Sappington & Pearse, M.D.  
Unionville,  
Maryland.

Accident or Suicide?



Name  
in  
Full

Hiram S. Gutsail.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Near Town		County		MARYLAND	
Died <del>at</del> <u>Nearby</u> .		Frederick			
Date of death <u>1908</u>	Month <u>3</u>	Day <u>12</u>	Years <u>50</u>	Months <u>3</u>	Days <u>24</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Fredk. Co. Md</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ida C. Main.</u>	Father's Birthplace <u>F. Co. Md</u>			
Father's Name <u>William Gutsail</u>	Mother's Birthplace " " "				
Mother's Maiden Name <u>Ann P. Newz.</u>	How related to deceased <u>Wife</u>				
Name of person giving information <u>Mrs. Gutsail</u>					
Struck in precordial region by lever of stamp-puller.		CAUSES OF DEATH		79	
Primary	<u>Cardiac Rupture</u>		How long <u>Accidental</u>		
Immediate	<u>Internal Hemorrhage</u>		How long <u>10 min.</u>		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Henry P. Fahney and</u>		
<u>Lived 20 minutes</u>		Address	<u>Frederick, Md.</u>		
Accident or Disease					

Interment at Middletown Md.  
Reformed Chur.

" Mar 15<sup>th</sup> - 08

Thomas P. Rice F.D.

Dr. H. P. Palmersey.

Dr. Goodell.

Dr. McCusdy.

Name  
in  
Full

Catherine Davidson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

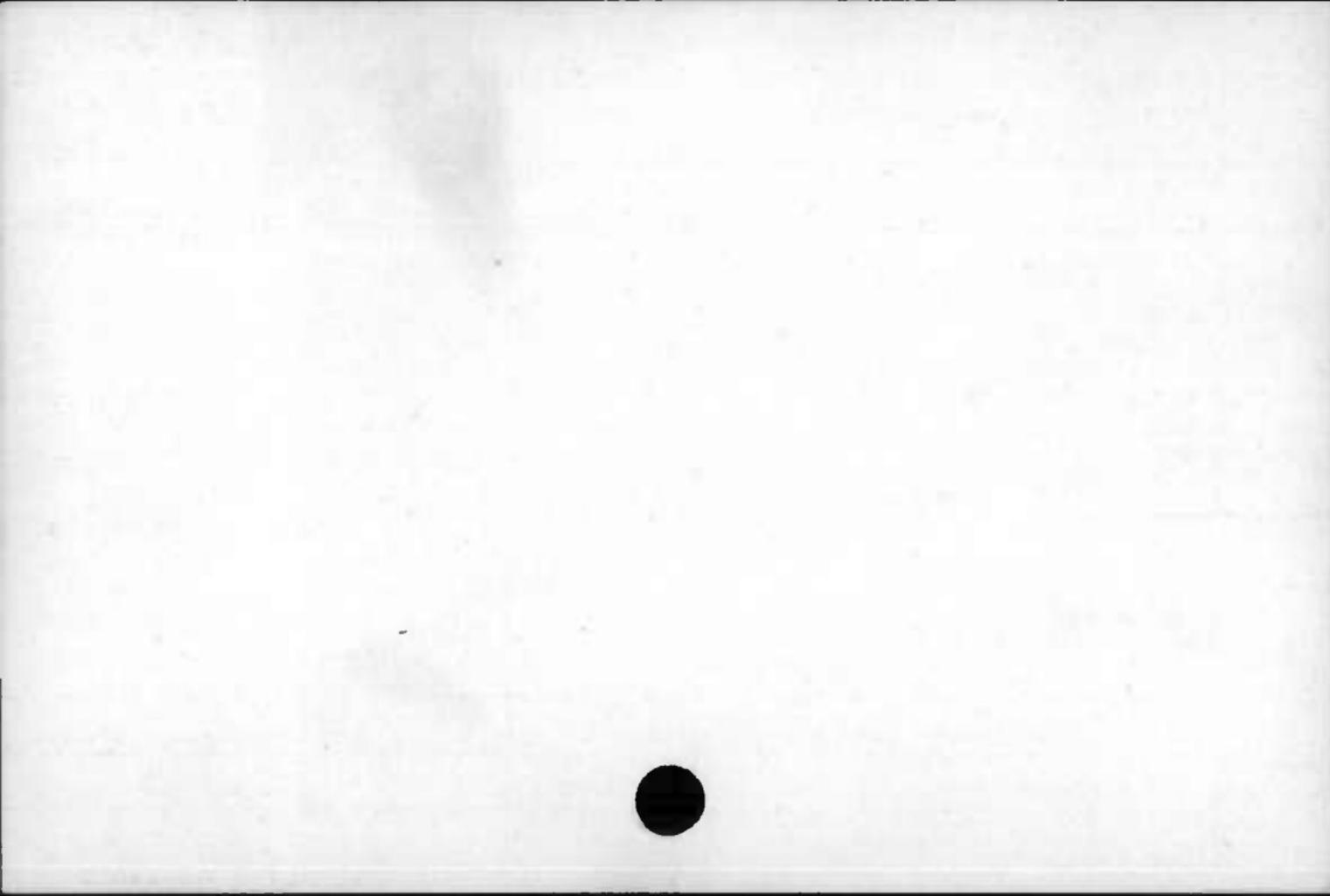
Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Joseph W Davidson			
Father's Name	Cordelia Taylor		Father's Birthplace Germany			
Mother's Maiden Name	Anna Kump.		Mother's Birthplace Md			
Name of person giving Information	Miss C. C. Miller		How related Daughter.			

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	Arterial Sclerosis & pulmonary		8 yrs
Immediate	Paralysis progressive		2 month
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	How long	
yes -	Morris L. Bailey		
Address	Thurmont		
Accident or Suicide?	No		



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

The Speedwell Davis

## CERTIFICATE OF DEATH

Died at	Town <i>Parsons River</i>	County <i>Fredri</i>	MARYLAND		
Date of death	Month <i>1908 3</i>	Day <i>9</i>	Years <i>-</i>	Months <i>3</i>	Days <i>2</i>
Sex	<i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>md</i>		
Occupation	<i>X</i>	Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed	<i>X</i>	Name of Wife or Husband	<i>X</i>		
Father's Name	<i>William Davis</i>			Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Edith Still</i>			Mother's Birthplace	<i>md</i>
Name of person giving information	<i>Washington Brown</i>			How related to deceased	<i>none</i>

## CAUSES OF DEATH

71

Primary

*Convulsions*

How long

*1 hour*

Immediate

*Encephalitis*

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*O J Goodell m.d.**Fredrik. md*

Accident or Suicide?

*No*



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Fannie S. Delaughlin						CERTIFICATE OF DEATH
Died at		Town	County		MARYLAND	
Date of death 1908	Month 3	Day 19	Years 56	Age 56	Months 6	Days 10
Sex Female	Color or Race	White		Birth- place	Zack Co.	
Married, Single or Widowed Married	Occupation		Housewife			
Name of Wife or Husband Mrs. Delaughlin						
Father's Name John M. Herdick			Father's Birthplace	Zack Co.		
Mother's Maiden Name Quarrie Lippman			Mother's Birthplace	Maryland		
Name of person giving Information Mrs. Delaughlin			How related to deceased	Daughter		
CAUSES OF DEATH						40
Primary Paralysis			How long	2 mos.		
Immediate Carcinoma	Stomach		How long	2 months		
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician	G. Deleah. Buckley				
	Address	Middletown Maryland				
Accident or Suicide?						



Name  
in  
Full

Emma J. Doll

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Frederick	Frederick			
Date of death	Month	Day	Years	Months	Days
1908	3	31	57	6	23
Sex	Female	Color or Race	White	Birth-place	
Occupation	House Wife	Where Residing if not at place of death			Same
Married, Single or Widowed	Married	Name of Wife or Husband	Alexander H. Doll	Father's Birthplace	
Father's Name	Benjamin F. Duvall			F. Lee Mod	
Mother's Maiden Name	Margaret Eichelberger			Mother's Birthplace	
Name of person giving information	Alex H. Doll.			How related to deceased	
Husband					

CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary Chronic Catarhal Ulceration of Bowels  
How long 5 years.

Immediate Exhaustion  
How long 10 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Salme

Address

236 Church St

Accident or Suicide?

Interment at Mt Olivet Cem.  
" April 2<sup>d</sup> - 08

Thomas P. Rice F.D.

Dr. Burck.

Dr McCurdy.

Name  
in  
Full

Thomas S. Duncing

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Firecll		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	male	Color or Race	White	Birth-place	Firecll Co	
Occupation	Farmer	Where Residing if not at place of death			Pl. Walk	
Married, Single or Widowed		Name of Wife or Husband	Ella Baker	Father's Birthplace	Firecll Co	
Father's Name	Daniel Duncing			Mother's Birthplace	"	
Mother's Maiden Name	Sarah Wmck			How related to deceased	Son	
Name of person giving information	Stanley Duncing					

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary

Gastric Cancer

How long

6 mos

Immediate

Exhaustion

How long

, mo

Are the name, age, sex, color, date and place correctly given above?

yes

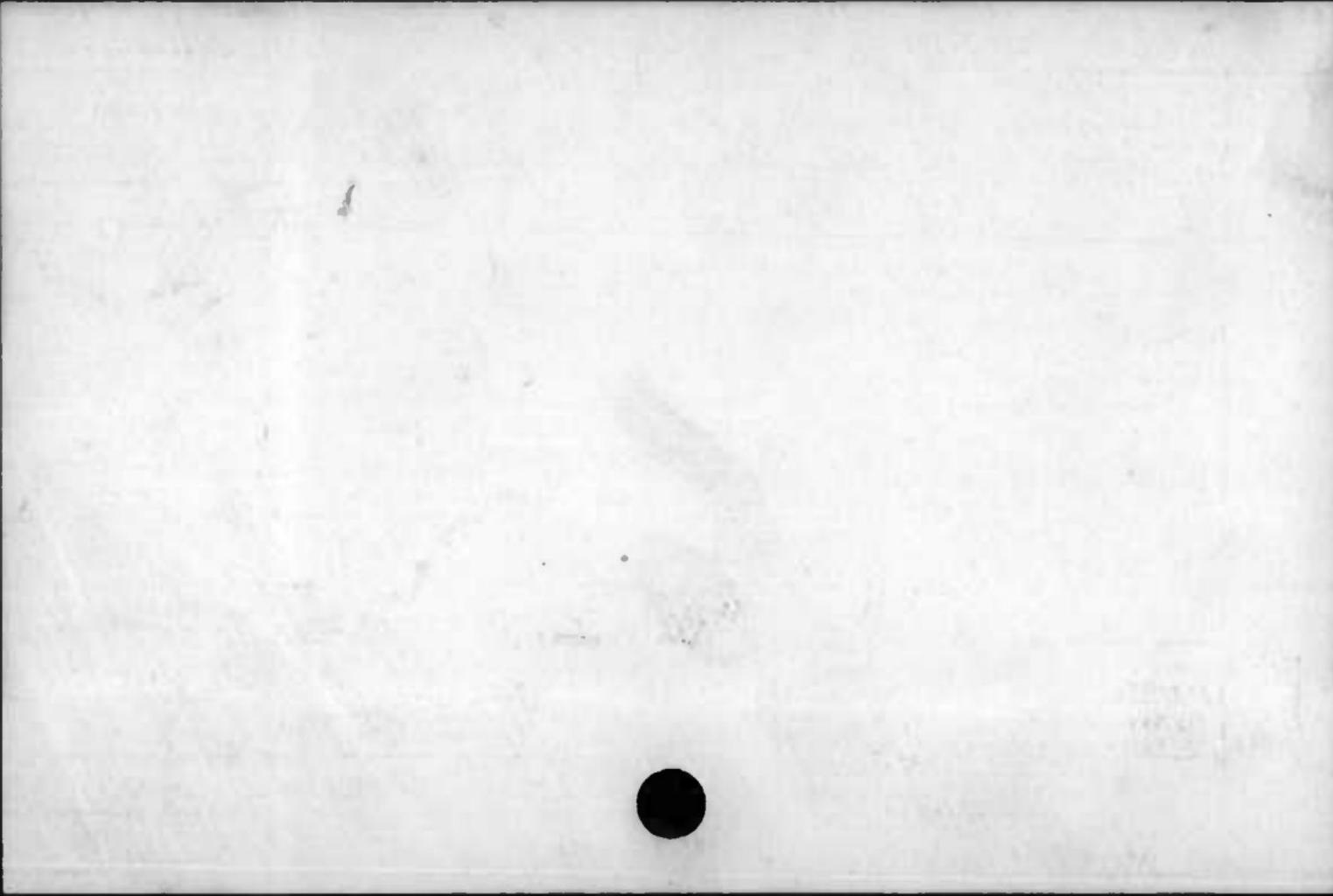
Signature of Physician

Address

S. S. Davis

Roxbury  
Md

Accident or Suicide?



Name  
in  
Full

Philo man D Cromwell Du drear

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

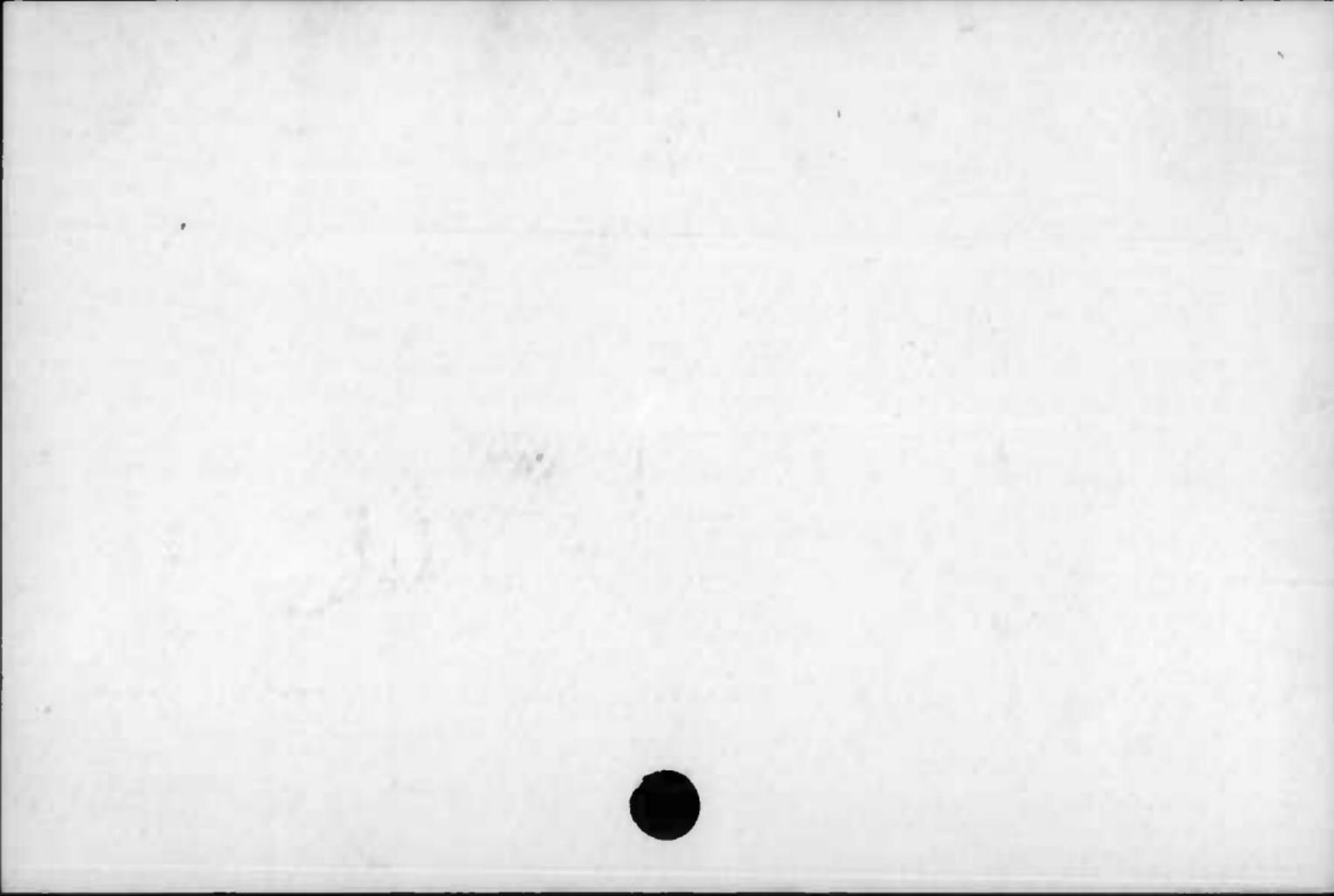
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Mch	16	Age 78	3	25
Sex	Male	Color or Race	White	Birth-place	Frederick County
Occupation	Retired	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Rachael Du drear		
Father's Name	Geo H Du drear			Father's Birthplace	Frederick County
Mother's Maiden Name	Margaret Cromwell			Mother's Birthplace	" "
Name of person giving Information	Rachael Du drear			How related to deceased	Wife

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	Gent feebleliy	
Immediate	Exhaustiv	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?	R. L. Lyson. Frederick, Md	



Name  
in  
Full

Anna Rebecca Dutson

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Hanoverton</u>		County <u>Picard</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>March</u>	Day <u>12</u>	Years <u>73</u>	Months <u>2</u>	Days <u>11</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>				
Occupation <u>House work</u>	Where Residing if not at place of death <u>Same</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>	Father's Birthplace <u>Md</u>				
Father's Name <u>Jacob Dutson</u>	Mother's Birthplace <u>Md.</u>				Mother's Maiden Name <u>Cornelia Glusman</u>	
Name of person giving information <u>Ged C. Thomas</u>	How related to deceased <u>None</u>					

CAUSES OF DEATH

(179)

PHYSICIAN  
OR CORONER

Primary

General Debility

How long

6 mos

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

T. Clyde Rountree  
Buckeyestown

Accident or Suicide?



Name  
in  
Full

Abraham Lincoln Englehardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	41	21
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Near Jefferson		
Father's Name	Philip M Englehardt			
Mother's Maiden Name	Selina Stora			
Name of person giving Information	Genette V Englehardt			

CAUSES OF DEATH

66

Hour long

Weeks

How long

PHYSICIAN  
OR CORoner

Primary

Paralysis

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

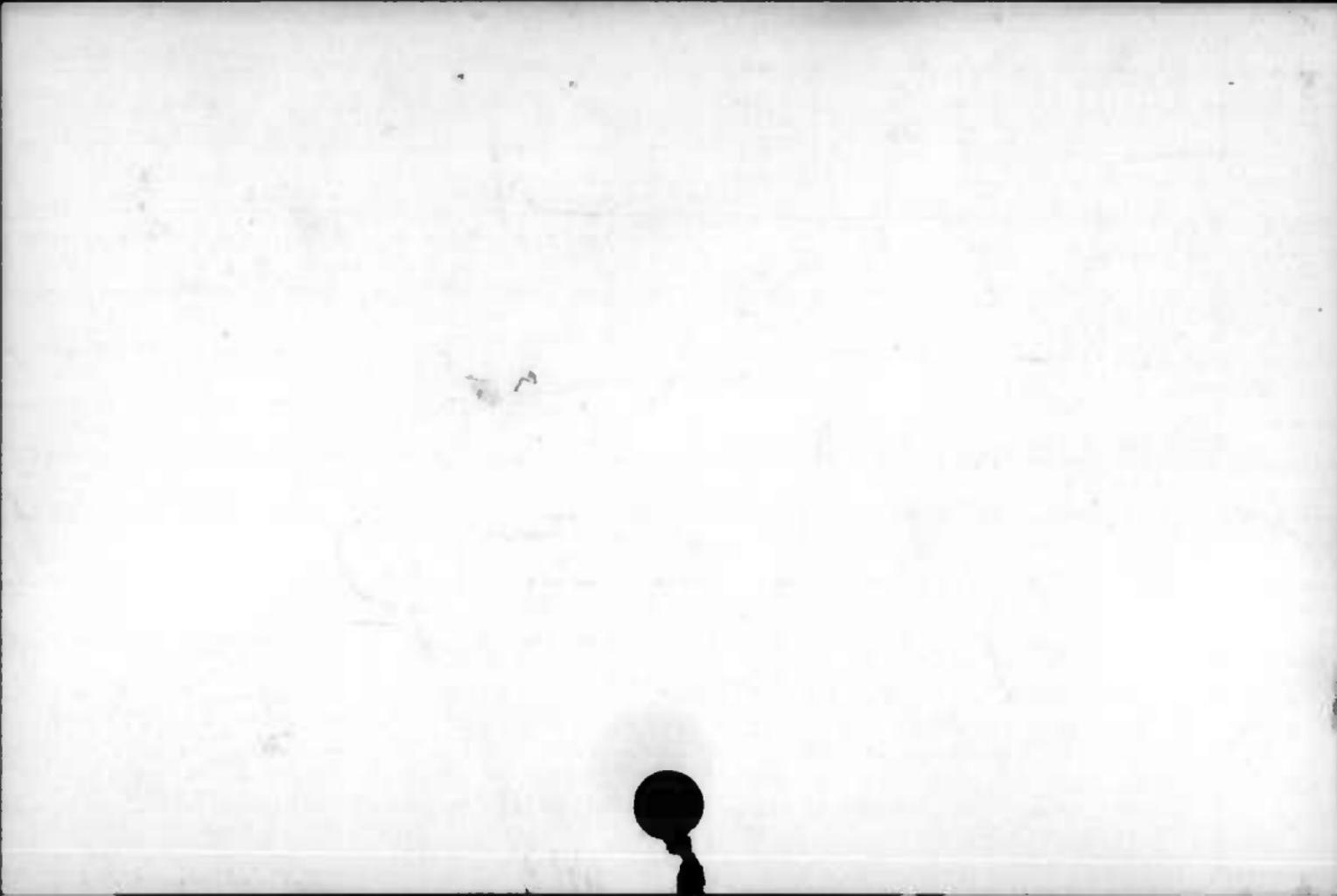
Signature of Physician

Dr H. Boteler, Esq.

Address

Jefferson  
Falls Co Md

Accident or Suicide?



Name  
in  
Full

Loyd Buckman Eyer

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Near Union Bridge, Frederick

MARYLAND

Date of death 1908 Month Mar Day 10th Years - Months 1 Days 29

Sex Male Color or Race White

Birth-place Baltimore City

Occupation   Where Residing if not at place of death  

Married, Single or Widowed   Name of Wife or Husband

Father's Name Sterling Grumwood

Father's Birthplace Carroll Co

Mother's Maiden Name Edith Boone

Mother's Birthplace Frederick Co

Name of person giving information Chas. Eyer

How related to deceased None

CAUSES OF DEATH

18

Primary Erysipelas How long 3 weeks

Immediate Pseudomembranous Infection How long 5 days

Are the name, age, sex, color, date and place correctly given above?

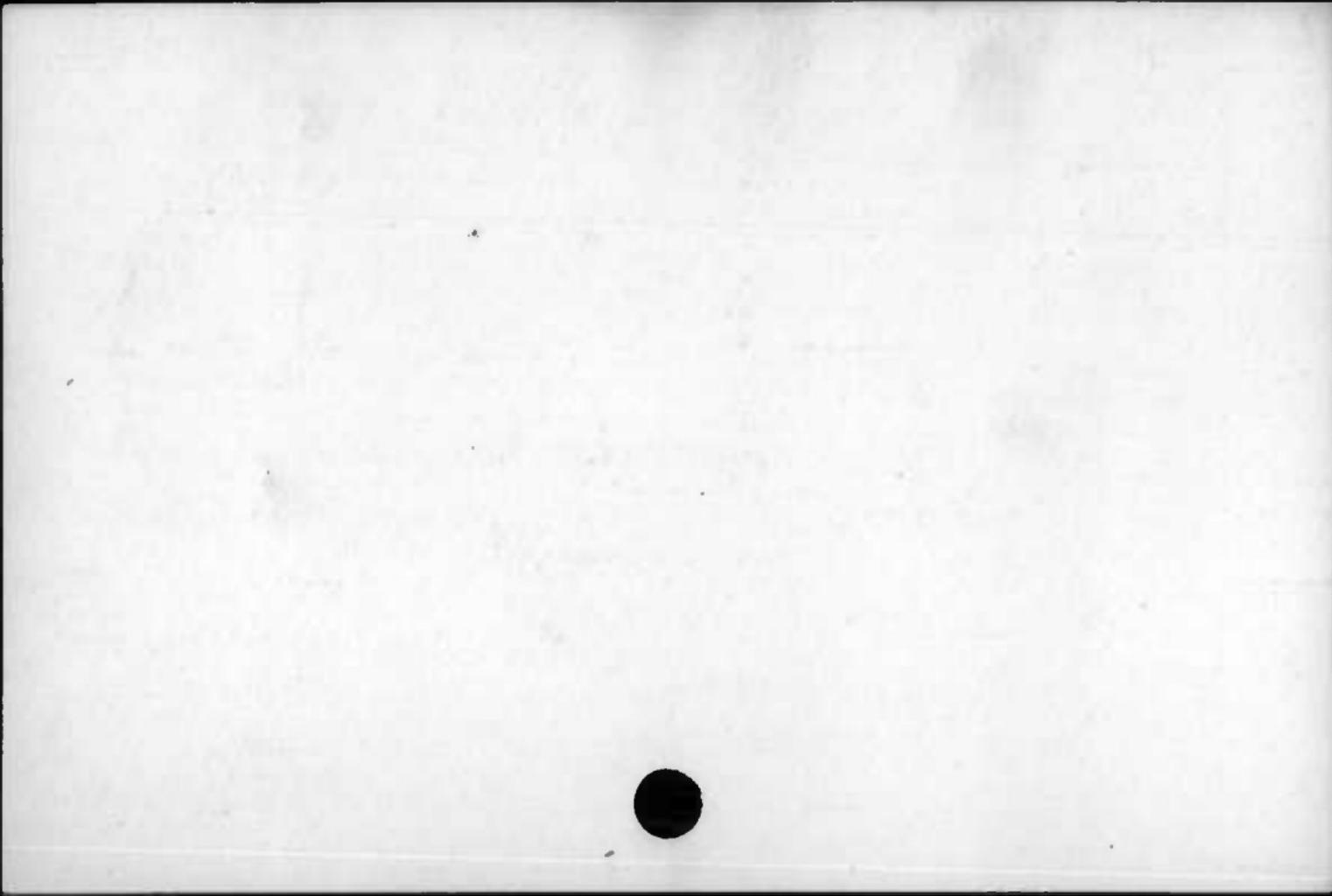
Yrs

Signature of Physician

J. W. B. Howell  
Liberty Tower, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Martha Ellen Zilzigan

CERTIFICATE OF DEATH

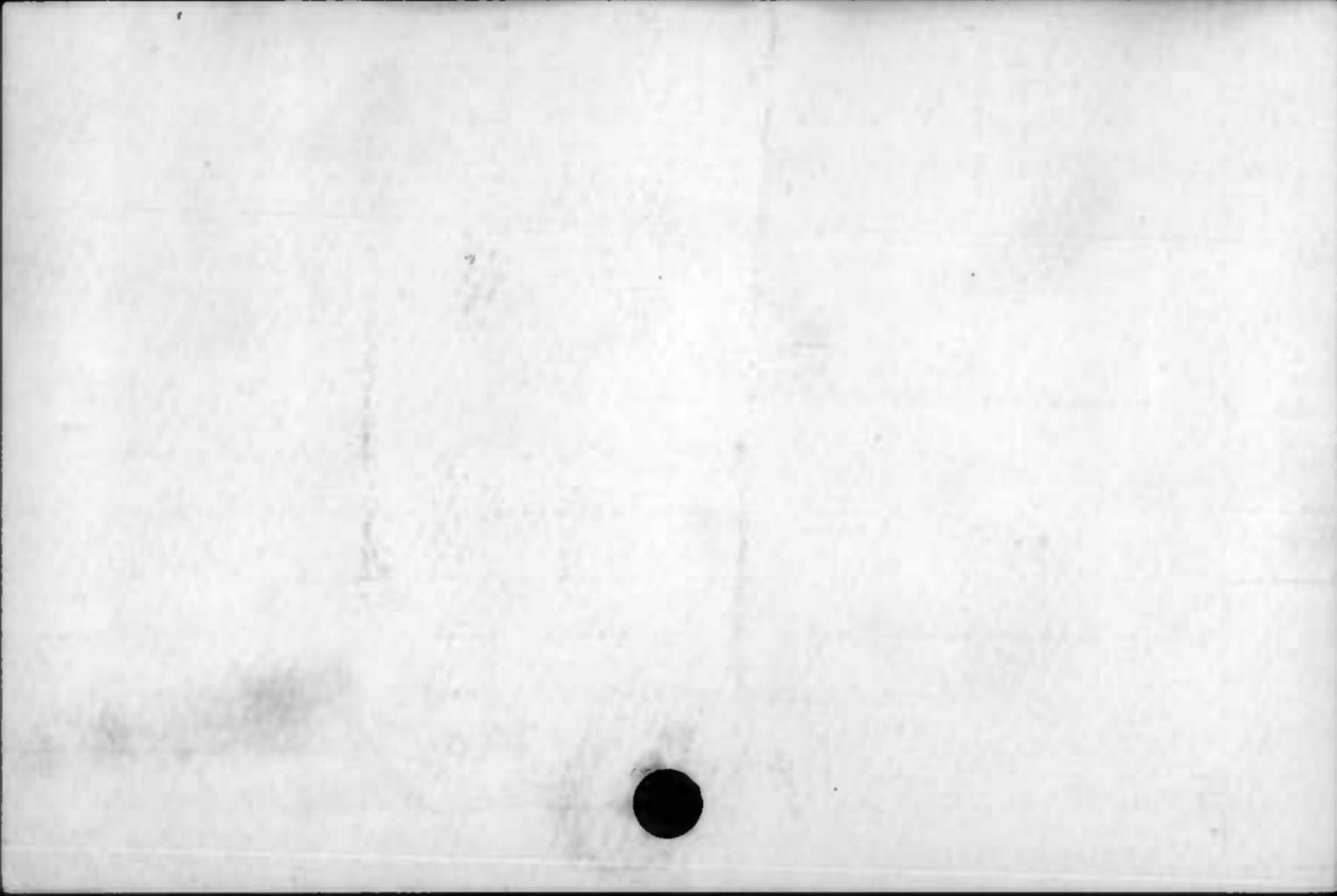
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Residence Zilzigan			
Father's Name	Selastian Hammond				
Mother's Maiden Name	Mauda Howard				
Name of person giving information	Jerry Hammond				
CAUSES OF DEATH					
Primary	Bronchitis. Pneumonia.				
Immediate	Expansion				
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	92	
			Address	How long	
				four weeks.	

PHYSICIAN  
OR CORONER

Accident or Suicide?

A. T. Cook  
Taylerville Md.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Foshera Fogle.

CERTIFICATE OF DEATH

Died at	Town	Frederick		County	Frederick		MARYLAND
Date of death	Month	Day	Age	Years	Months	Days	
1908	Mar	9	76	11	29		
Sex	male	Color or Race	white	Birth-place New Windsor.			
Occupation	Retired Farmer.			Where Residing if not at place of death Woodsboro Fredk. Co., Md.			
Married, Single or Widowed				Janet Locket.			
Father's Name	Philip Fogle			Father's Birthplace	New Windsor		
Mother's Maiden Name	Doris Brown			Mother's Birthplace	New Windsor		
Name of person giving information	John T. Fogle.			How related to deceased	A Son.		

CAUSES OF DEATH

120

Primary

Chronic Nephritis w/ Cystitis

How long

Some months

Immediate

Inflammation

How long

6 or 8 weeks

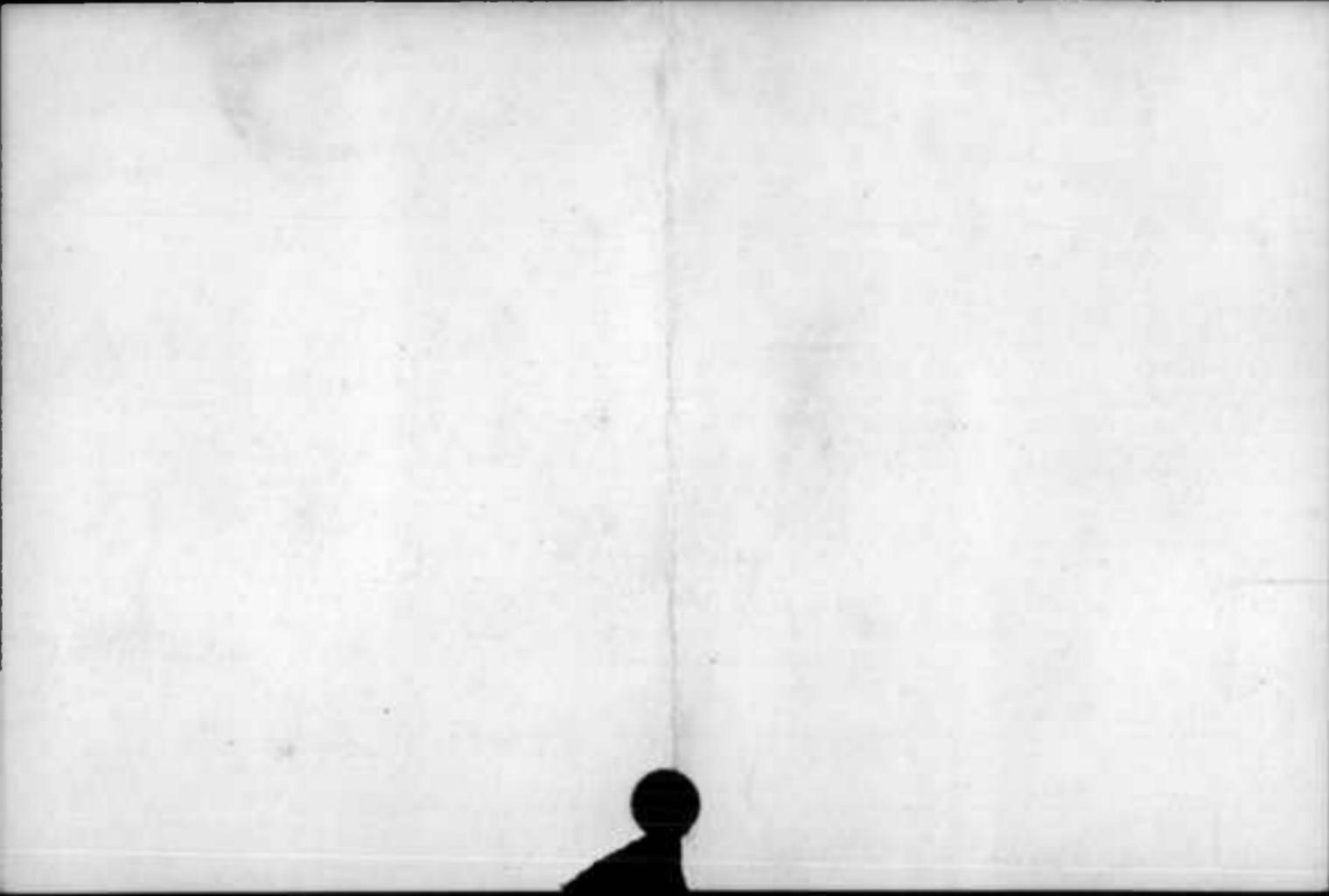
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Neudeck,  
Frederick, Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Laura Gaillard

CERTIFICATE OF DEATH

Died et Date of death 190	Town Burkittsville	County Fred.	MARYLAND
Month 8	Day 26	Years 20	Months
Sex Female	Color or Race Colored	Birth-place Charlestown, Md.	Days
Occupation None	Where Residing if not at place of death		
Married, Single or Widowed Single	Name of Wife or Husband	Father's Birthplace	Unknown
Father's Name Unknown	Mother's Birthplace	Unknown	
Mother's Maiden Name	How related to deceased	None	
Name of person giving information Alice Snowden		27	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis  
Exhaustion

One year

Immediate

2 days

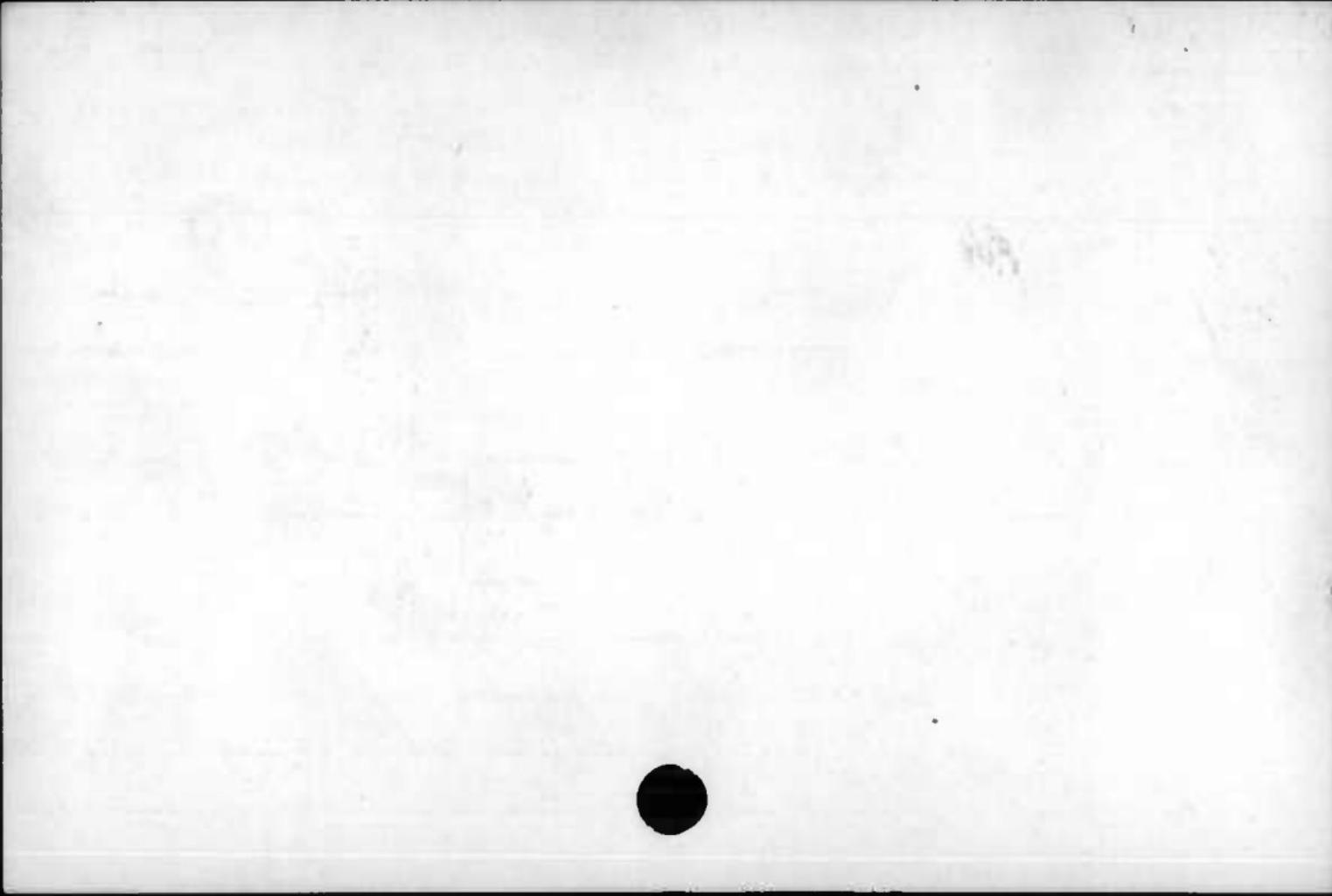
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo. Youstel  
Burkittsville  
Md

Accident or Suicide?



Name  
in  
Full

Susan S. Gains

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

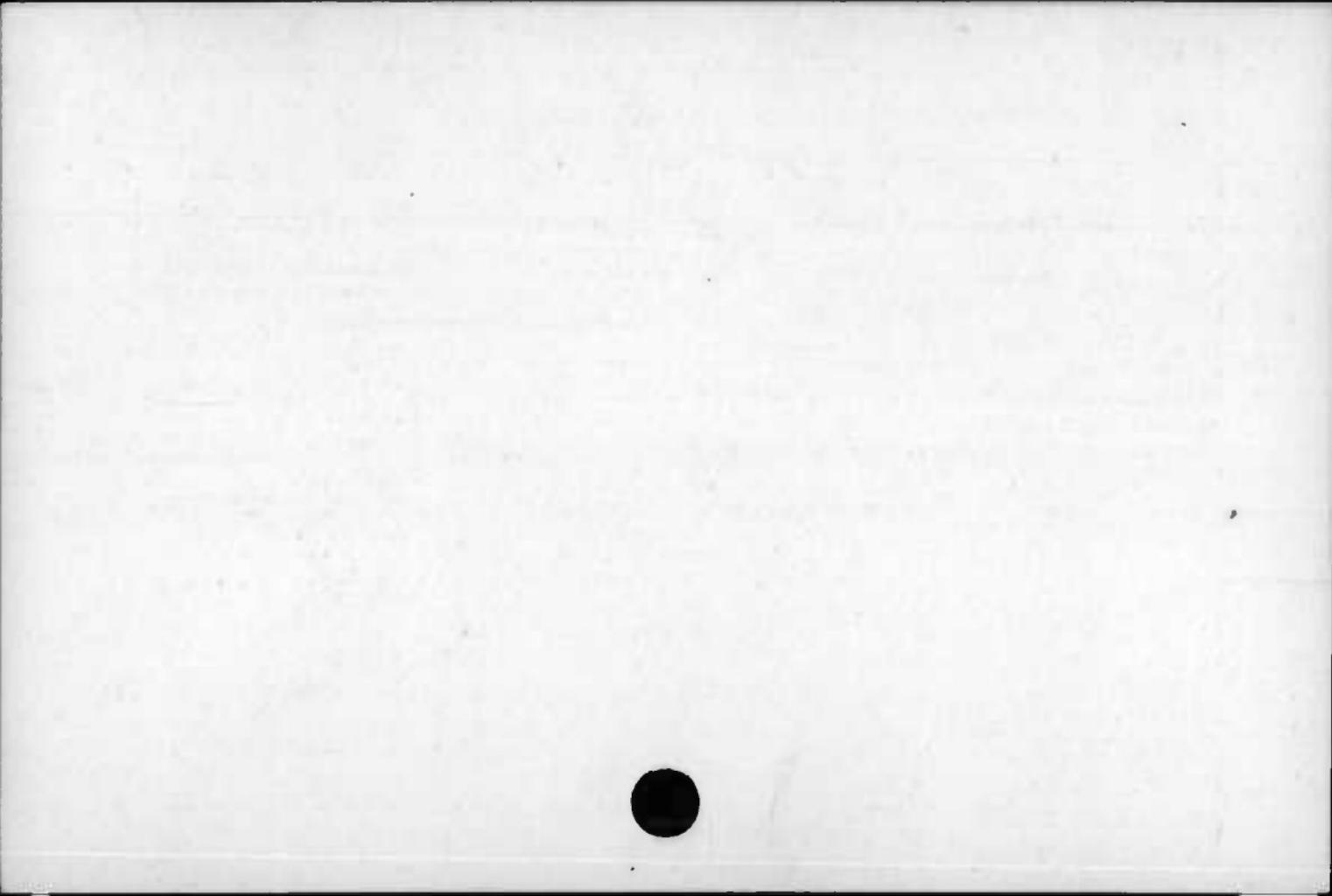
Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Jaime Gains			
Father's Name	Locles Butcher		Father's Birthplace	Fred Co Md.		
Mother's Maiden Name	Louisa Penkoway		Mother's Birthplace	Fred Co Md.		
Name of person giving Information	6.6. Lantz		How related to deceased	Grandmother		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis of lungs	
Immediate	Ex haemoptysis	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?		



Name  
in  
Full

Annie M Gavar

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u>		County <u>Frederick</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>3</u>	Day <u>13</u>	Age <u>19 -</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Ellerton Md</u>		
Occupation <u>Worked in laundry mill</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Martin L Gavar</u>			Father's Birthplace <u>Ellerton Md</u>			
Mother's Maiden Name <u>Mary S Klein</u>			Mother's Birthplace <u>" "</u>			
Name of person giving Information <u>Martin L Gavar</u>			Related to deceased <u>Father</u>			

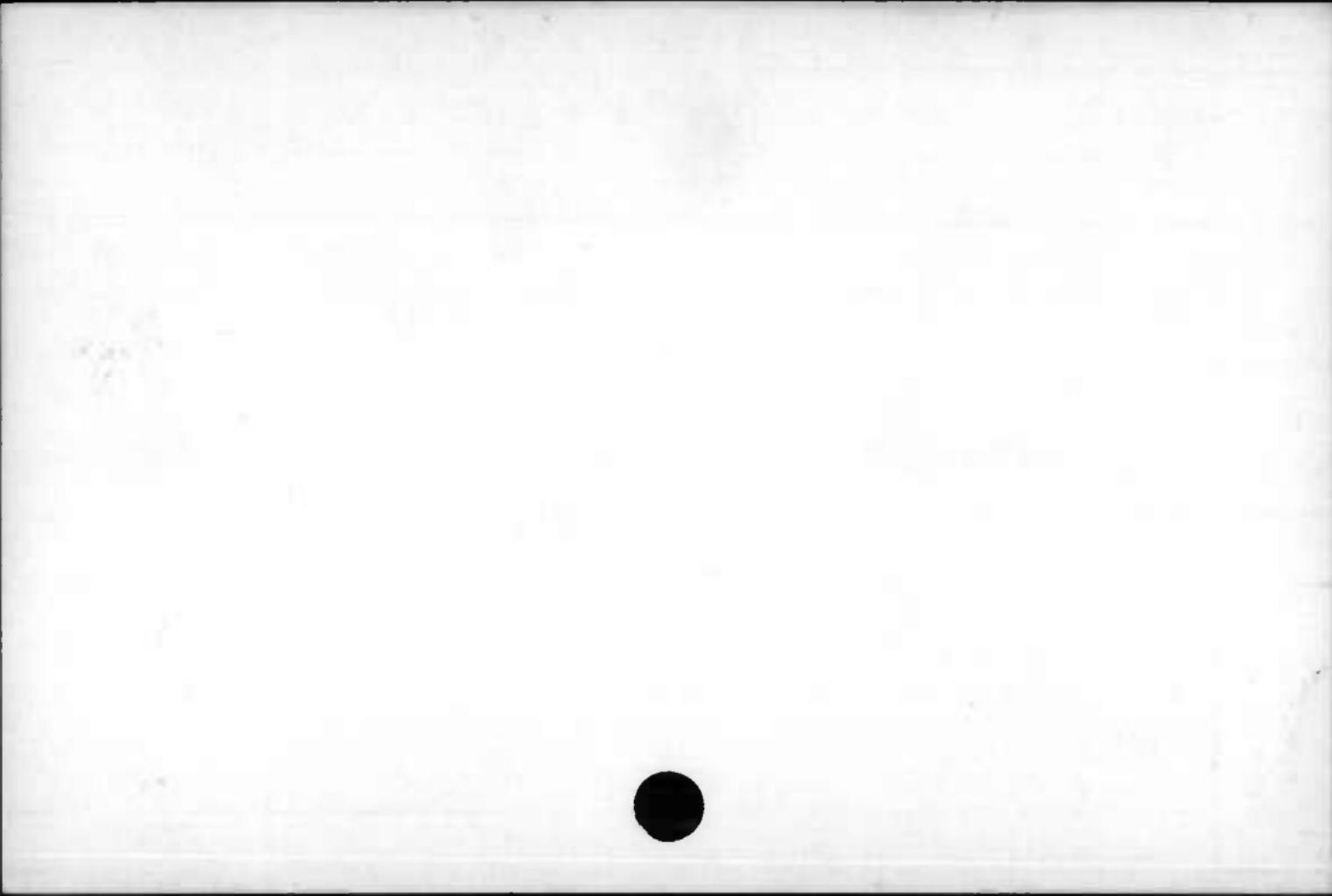
Burns ignited from gasoline  
store.

CAUSES OF DEATH

167

Primary <u>Burns of over half surface</u>	How long <u>about 2 weeks</u>
Immediate <u>Sepultaemia</u>	How long <u>6 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>F. H. Hedges</u>
Burn by fire - accident,	Address <u>Frederick</u>
Accident or Suicide? <u>accident</u>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

Jennie G Hanes

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Brunswick			Frederick			
Date of death	1908	Month 3	Day 9	Years 34	Months	Days
Sex	Female		Color or Race	white	Birth-place	virginia
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed			Name of Husband	Carlton G Hanes		
Father's Name	John Beggarly		Father's Birthplace		va	
Mother's Maiden Name	Rebecca Rudisil		Mother's Birthplace		va	
Name of person giving Information	Carlton G Hanes		How related to deceased		husband	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Bronchitis + Pneumonia

How long

3 or 4 months

Immediate

Acute Pulmonary Tuberculosis

How long

1 or 2 mos.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. F. Schaeffer MD

Brunswick MD

Accident or Suicide?



Name  
in  
Full

Noah Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Mar	Day 27	Years 51	Months	Days	
Sex	Male	Color or Race	white	Birth-place	Md		
Occupation	B & O Conductor		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Jennie Jamison	Father's Birthplace			
Father's Name				Mother's Birthplace			
Mother's Maiden Name				How related to deceased	Brother		
Name of person giving information	Johnny Hill			159			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate

Rioter that: Suicide

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. G. Horine

Brunswick  
Md

Accident or Suicide?

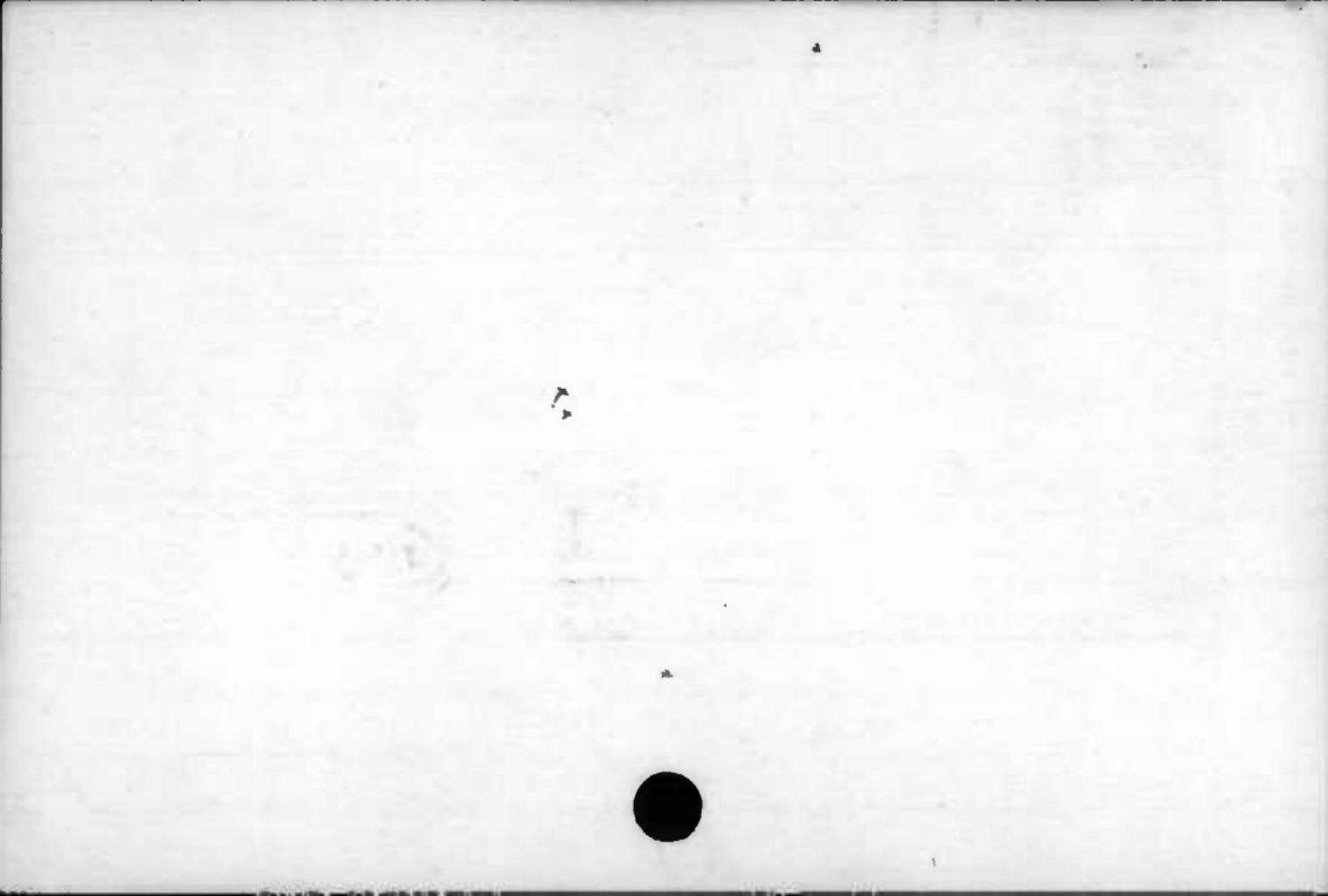


Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Alvin Rudolph Le Hoffmann						CERTIFICATE OF DEATH
Town	County					
Died at Harmony Grove Frederick				MARYLAND		
Date of death 190 + 3	Month	Day	Years	Months	Days	
7	Age	9	8			
Sex Male	Color or Race White	Birth-place Harmony Gro				
Occupation —	Where Residing if not at place of death —					
Married, Single Widowed	Name of Wife or Husband —					
Father's Name Joseph Hoffman	Father's Birthplace Frederick Co.					
Mother's Maiden Name Helen Meyers.	Mother's Birthplace Frederick Co.					
Name of person giving information Joseph Hoffman	How related to deceased Father					
CAUSES OF DEATH						
Primary Malaria	105 How long 5 mos.					
Immediate Gastro-enteritis	How long 48 hrs.					
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician J. H. Long					
	Address 101 W. Main Street Walkersville Md.					
Accident or Suicide?						



Name  
in  
Full

Julia A Hood

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Not living</u> Town		<u>Fredk Co</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>March</u>	Day <u>17</u>	Years <u>83</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White American</u>	Birthplace <u>Fredk Co Md</u>			
Occupation <u>Retired</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	No. <u>Widow</u> Husband <u>Henry Hood</u>				
Father's Name <u>Otto Brachman</u>	Father's Birthplace <u>Fredk Co</u>				
Mother's Maiden Name <u>Rachael T. Harding</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Hannah M. Bolger</u>	How related to deceased <u>daughter</u>				

CAUSES OF DEATH

114

How long

2 mos.

How long

Primary

Cataracts, pneumonia

Immediate

asthma

Are the name, age, sex, color, date and place correctly given above?

yes

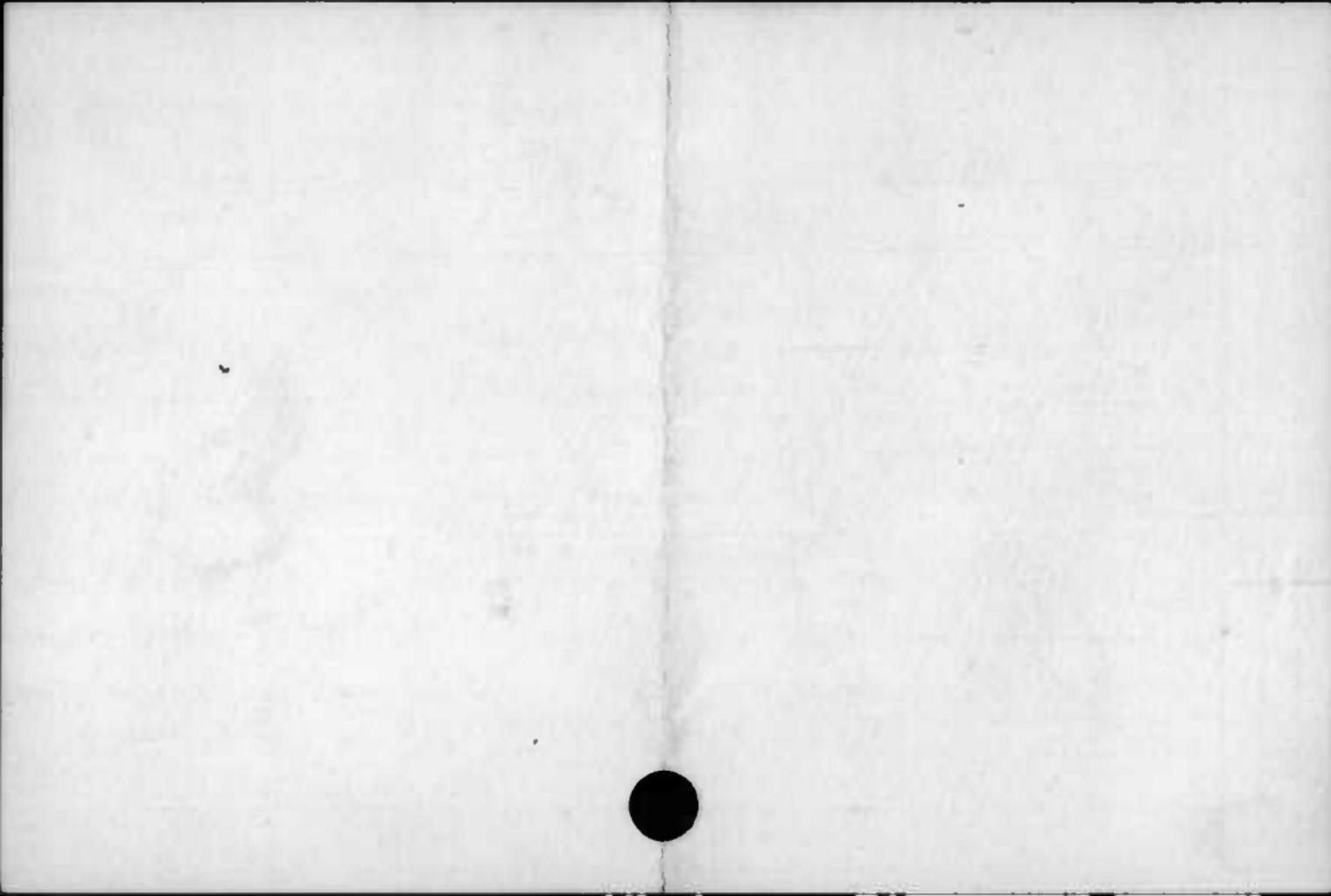
Signature of Physician

Address

W. E. Gaver  
Not living

PHYSICIAN  
OR CORONER

Accident or Suicide?

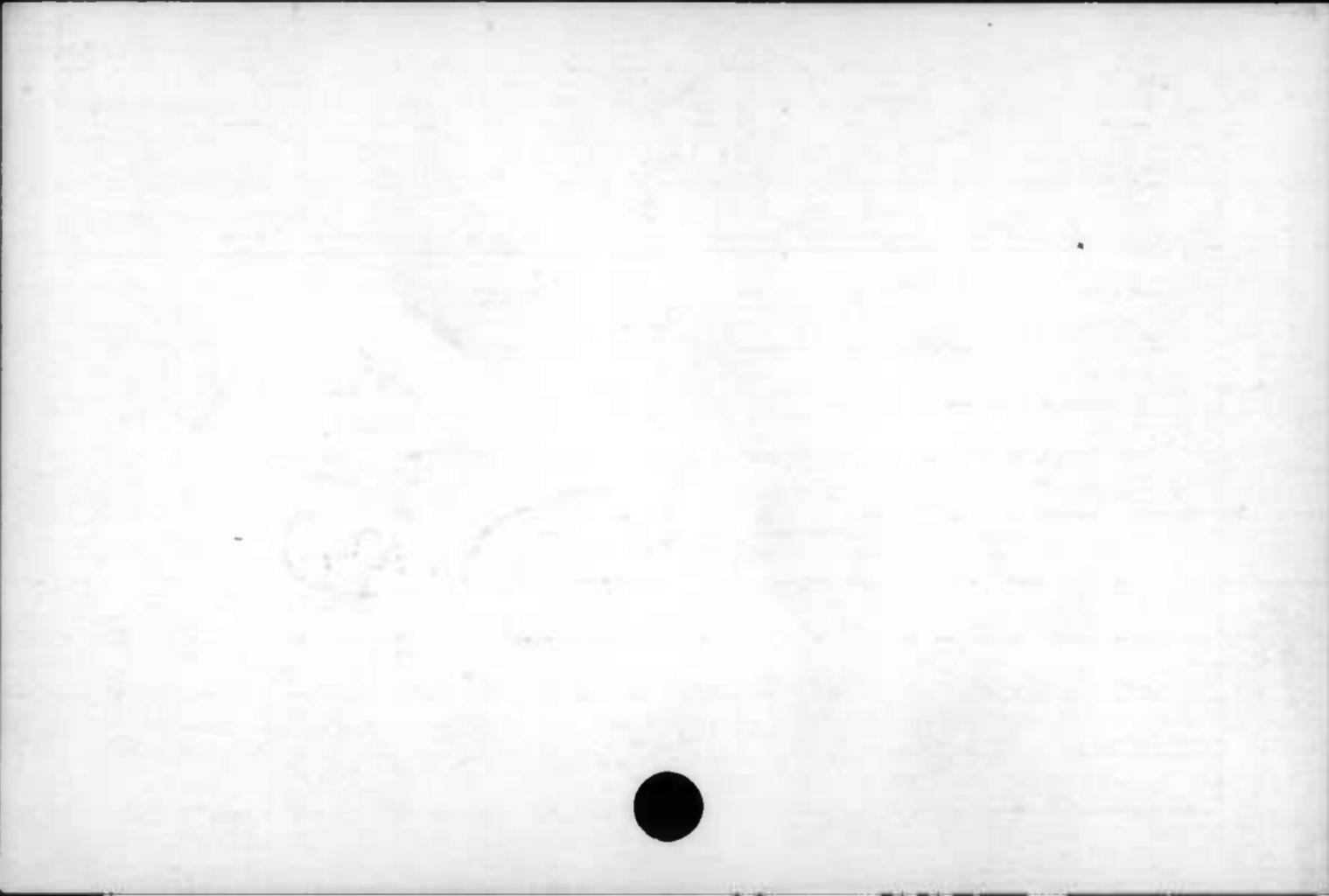


Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Weston Knobley					CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND	
Date of death	1908	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White		Birth-place	Maryland
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary S Knobley			
Father's Name	George F Knobley		Father's Birthplace		Dad	
Mother's Maiden Name	Mary E Boyer		Mother's Birthplace		Mom	
Name of person giving information	John Knobley		How related to deceased		Brother	
CAUSES OF DEATH						104
Primary	Acute indigestion		How long		3 hrs	
Immediate	Heart Failure		How long		—	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	R. C. Faith M.D.		
			Address	Kempstown		
Accident or Suicide?				Md.		



Name  
in  
Full

Sarah E. Holipp

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u>		Town <u>Frederick</u>	County <u>Frederick</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>3</u>	Day <u>2</u>	Age <u>4</u>	Years	Months <u>6</u>	Days <u>1</u>	
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Frederick</u>			
Occupation <u>Nurse</u>	Where Residing if not at place of death <u>Same</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband						
Father's Name <u>Charles H. Holipp</u>			Father's Birthplace <u>St. Louis</u>				
Mother's Maiden Name <u>Minnie M. Putman</u>			Mother's Birthplace " "				
Name of person giving information <u>Minnie Holipp</u>			How related to deceased <u>Aunt</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Mastoiditis

146

How long

1 week

Immediate

Acute Meningitis

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Salmon  
136 Church St.

Accident or Suicide?

Interment at Mt Olivet

" Mar 4 - '08

Thomas P. Rice F. S.

Dr Busch

Dr McCurdy

Name  
in  
Full

Mr. J. R. Koons

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Year	Months	Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			

1908 March 18 32 Carroll County  
Male white Faustina.  
Merchant x  
Single Mr. W. Koons Carroll County  
Sarah H. Boston Carroll County  
Mellon A. Koons Brother.

CAUSES OF DEATH

118

PHYSICIAN  
OR CORONER

Primary

Abscised celis.

How long

Two days

Immediate

General peritonitis.

How long

7 days

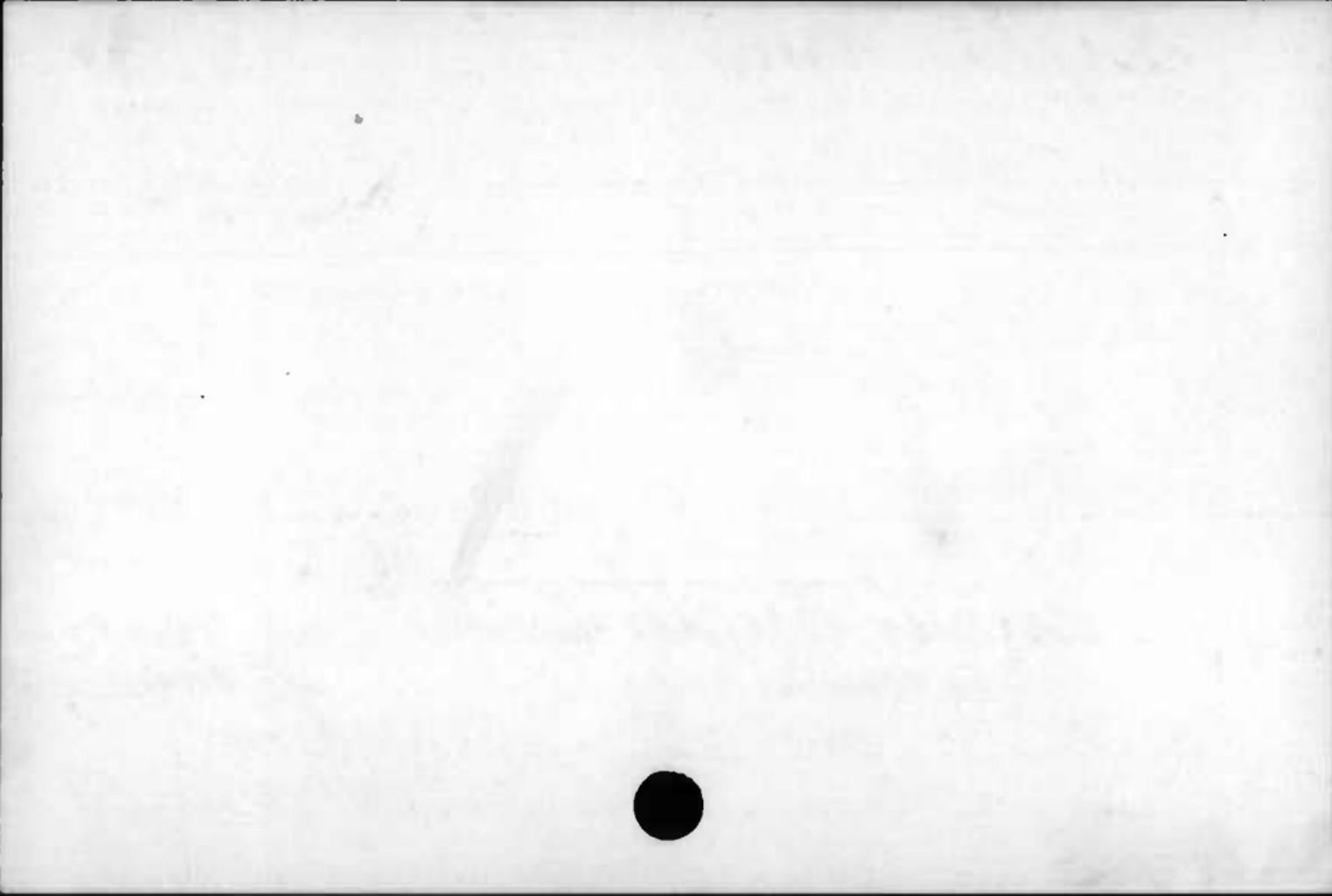
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. B. Johnson M.D.  
Frederick Md.

Accident or Suicide?



Name  
in  
Full

Ruffus Dray

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Motters</u>		Town	County <u>Frederick</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>3</u>	Day <u>31</u>	Age <u>67</u>	Years	Months <u>6</u>	Days <u>17</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Pa</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Susan Marks</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u></u>		Father's Birthplace <u>Pa</u>			
Father's Name <u>Daniel Dray</u>			Mother's Birthplace <u>"</u>			
Mother's Maiden Name <u>Priscilla Triple</u>			How related to deceased <u>Sister</u>			
Name of person giving information <u>Dolly Triple</u>						

CAUSES OF DEATH

120

How long

How long

Primary

Chronic Bright's Disease

5 years.

Immediate

Hemorrhage

2 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Lightstone  
Emmitsburg Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John W. Lee.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Died at	Frederick	Frederick			
Date of death	Month	Day	Years	Months	Days
1908	3	27	65'	—	—
Sex	Male	Color or Race	Black	Birth-place	Md
Occupation	Laborer		Where Residing if not at place of death	Same	
Married, Single or Widowed	Married	Name of Wife or Husband	Hannah Briscoe.	Father's Birthplace	Md
Father's Name	William Lee			Mother's Birthplace	—
Mother's Maiden Name	Unknown			How related to deceased	Wife
Name of person giving information	Mrs Lee				

CAUSES OF DEATH

79

Primary Chronic valvular affection of heart (mitral) Several years  
How long

Immediate Exhaustion Several days  
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L.G. Bourne, MD.

Frederick, Md.

Accident or Suicide?

Interment at Greenmount  
" Mar 29 - 08

Thomas P. Rice

Dr. Bourne,

---

Dr McCurdy.

Name  
in  
Full

Burma Henry Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Garfield	Frederick			Months	Days
Date of death 1908	Month 3	Day 26	Age 10	Years	9	23
Sex Male	Color or Race White	Birth-place Garfield				
Married, Single or Widowed Single	Occupation					
Name of Wife or Husband						
Father's Name J. T. Mumma	Father's Birthplace Waynesboro					
Mother's Maiden Name Mrs L. V. Lewis	Mother's Birthplace Garfield Md.					
Name of person giving information C. F. Lewis	How related to deceased					

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Immediate

Pneumonia

How long

2 day

Are the name, age, sex, color, date and place correctly given above?

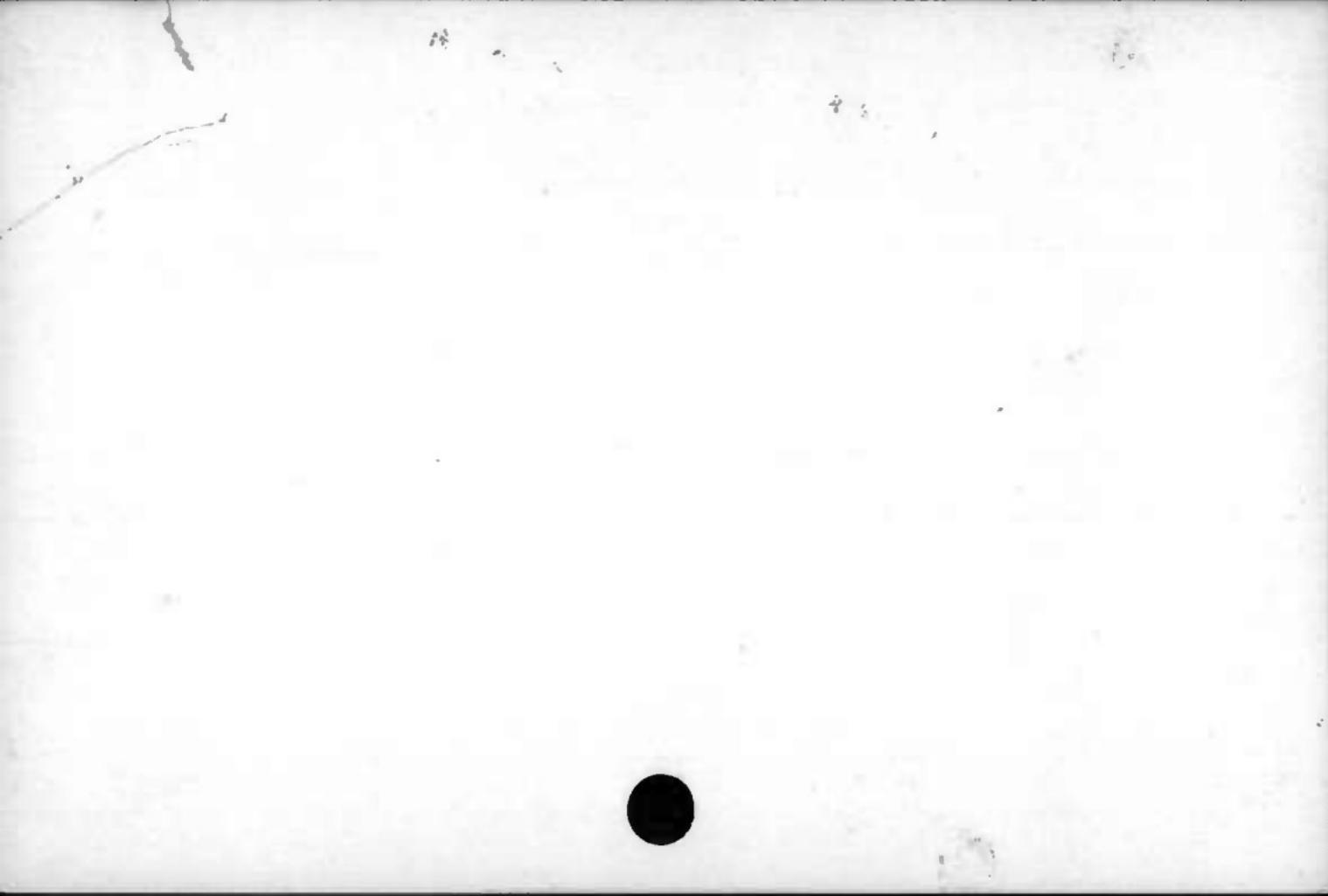
Yes

Signature of Physician

E.W. Davidson  
Wolfsville  
Md.

Address

Accident or Suicide?



Name  
in  
Full

Anna Bell Luby

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

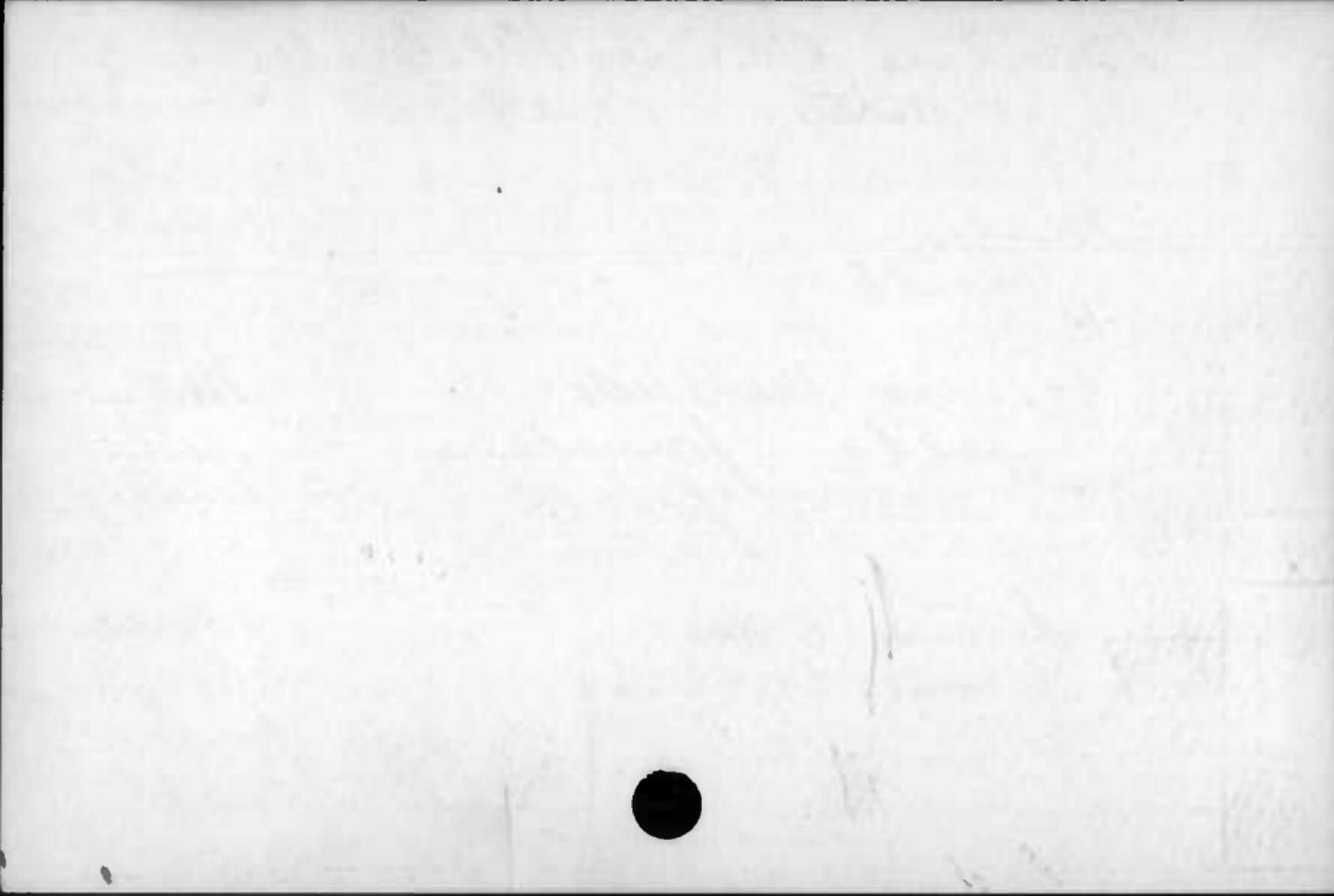
Died at	Town	County	MARYLAND
Waukegan	Fredens		
Date of death	Month	Day	Years
1908	3	14	—
Age	Months	Days	
Sex	Color or Race	Residence	Birth-place
Female		Leawood	Kan
Occupation	Where Residing if not at place of death		
X	X		
Married, Single or Widowed	Name of Wife or Husband		
X	X		
Father's Name	Web. Luby	Father's Birthplace	Kan
Mother's Maiden Name	Jannie Cartwright	Mother's Birthplace	Kan
Name of person giving information	—	How related to deceased	—

CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

Primary	Asphyxiated (Guernsey)		How long
perhaps "overlaid", or suffocated in bed by bed clothing		Sudden	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long
		J. D. McDonald	
		Address	Waukegan Kan
Accident or Suicide?	Accident		



Name  
in  
Full

Martis Oliver McBride

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

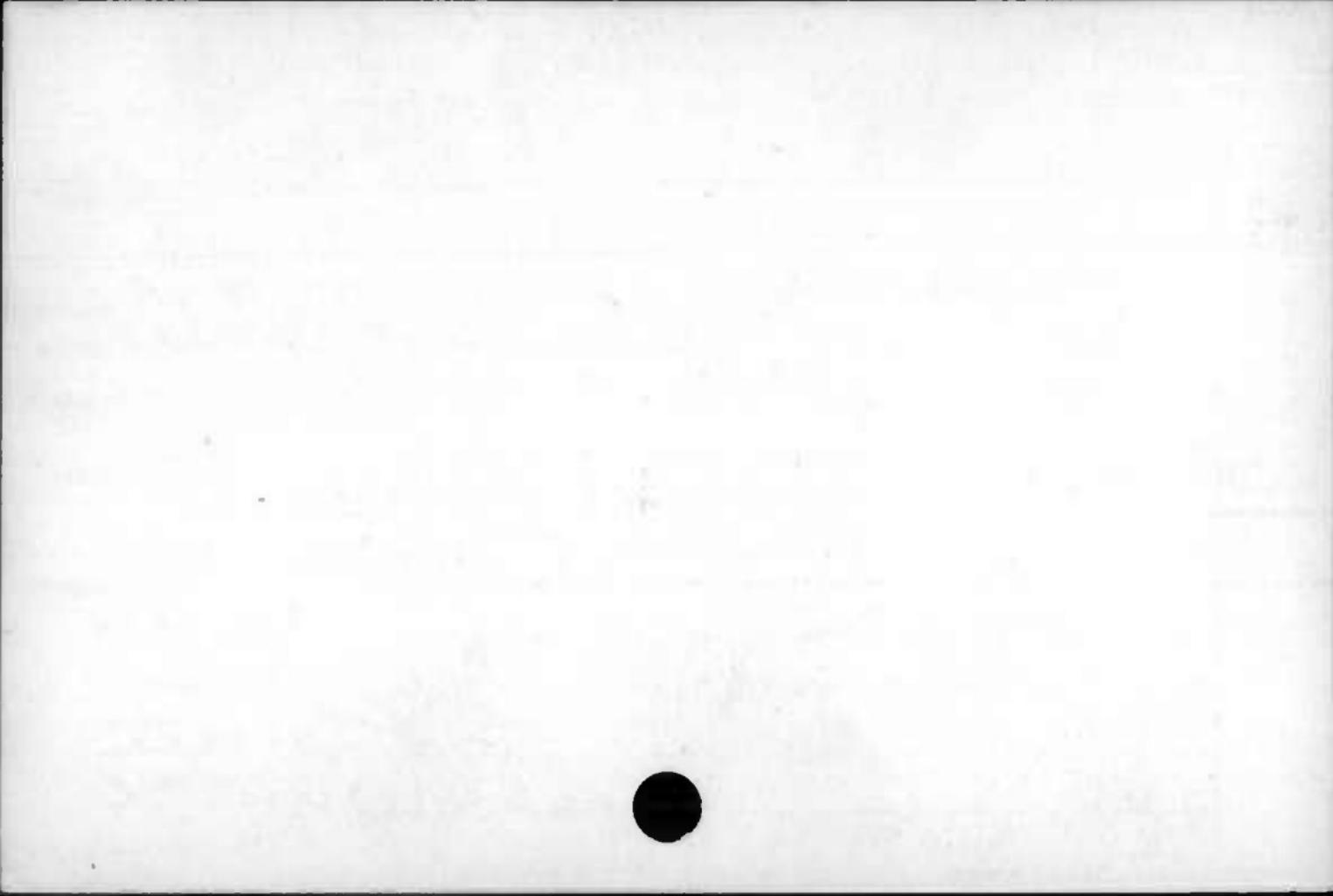
Town Died at	County Fried.	MARYLAND		
Date of death 1908 Mar	Month Mar	Day 7	Years	Months 11 Days 20
Sex Male	Color or Race white	Age	Birth- place Burkittsville, Md.	
Occupation Child	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name Anna McBride	Father's Birthplace Md.			
Mother's Maiden Name Fella Youngkins	Mother's Birthplace Md.			
Name of person giving Information Lewis Youngkins	How related to deceased Uncle			
CAUSES OF DEATH				
Primary Incision	104			
Immediate Acute Gastritis	How long 6 mos			
Are the name, age, sex, color, date and place correctly given above?	3 days			

PHYSICIAN  
OR CORONER

Signature of Physician  
Address

George Young  
Burkittsville  
Maryland

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

W.H. McBride of H W.H. McBride of H				CERTIFICATE OF DEATH		
Died at	Town	County				
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age 83		Birth-place	MARYLAND	
Occupation	Where Residing If not at place of death		X			
Married, Single or Widowed	Name of Wife or Husband	Elizabeth H McBride		Father's Name	Md.	
Father's Name	Henry McBride		Mother's Maiden Name	Md.		Mother's Birthplace
Mother's Maiden Name	Roderick		Name of person giving information	How related to deceased		

CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary

Debility

How long

4 mrs

Immediate

Paralysis

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

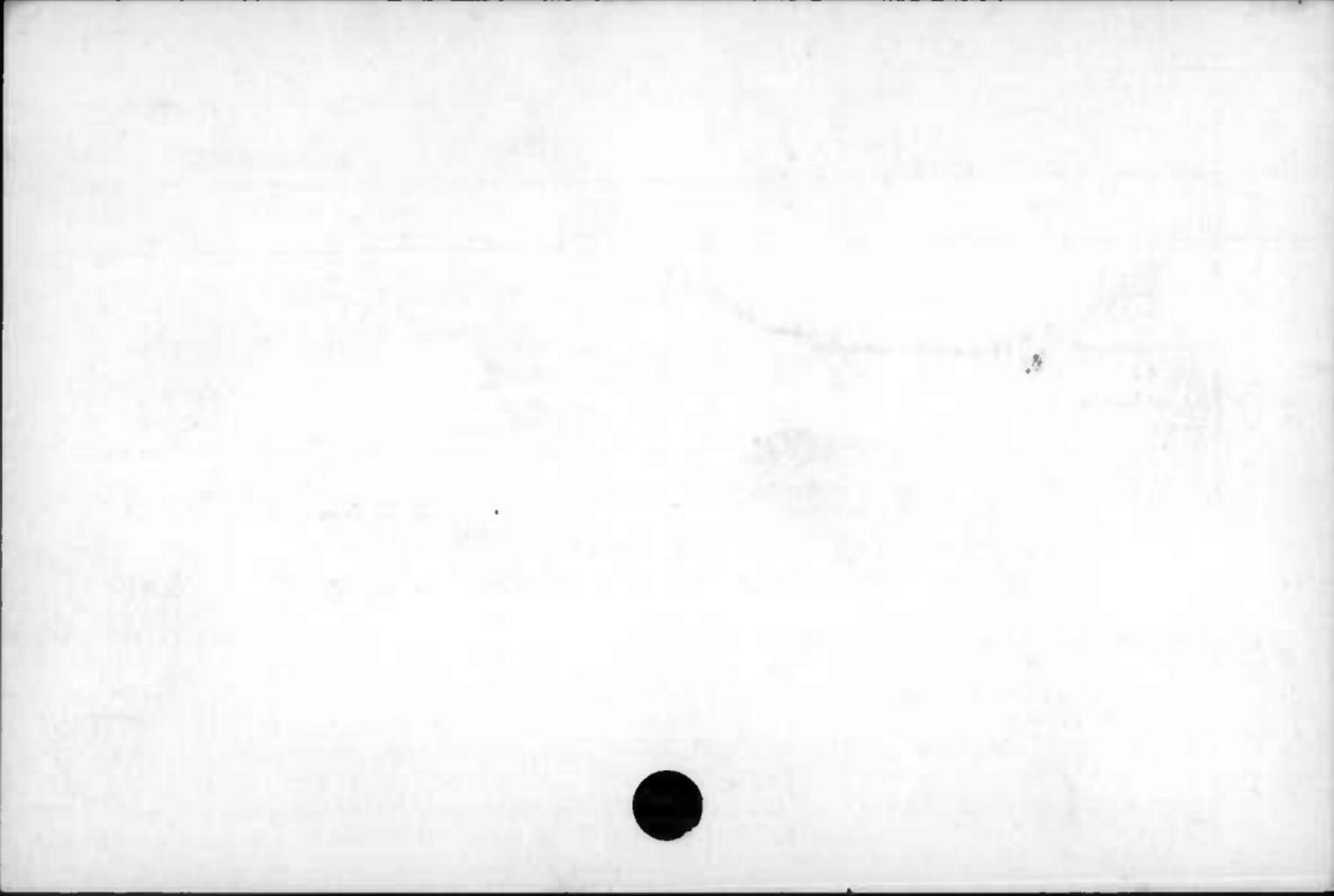
Signature of Physician

Address

George Carter  
Buckettville

Maryland

Accident or Suicide?



Name  
in  
Full

Harry W. McKissick

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Montezuma Hosp't</u> Town		County <u>Frederick</u>		MARYLAND			
Date of death <u>1909</u>	Month <u>Mar</u>	Day <u>13</u>	Years <u>45</u>	Months <u>—</u>	Days <u>—</u>		
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Frederick Co</u>					
Occupation <u>None</u>	Where Residing if not at place of death <u>Montezuma Hospital</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Unknown</u>	Father's Name <u>Mark Howell McKissick</u>	Father's Birthplace <u>Unknown</u>	Mother's Maiden Name <u>Eliza G. St John</u>	Mother's Birthplace <u>Unknown</u>	Name of person giving information <u>Hospital</u>	How related to deceased <u>Unknown</u>

CAUSES OF DEATH

64

Hour long

How long

PHYSICIAN  
OR CORONER

Primary

Arbital Hemorrhage -

Immediate

Pulmonary Edema

Are the name, age, sex, color, date and place correctly given above?

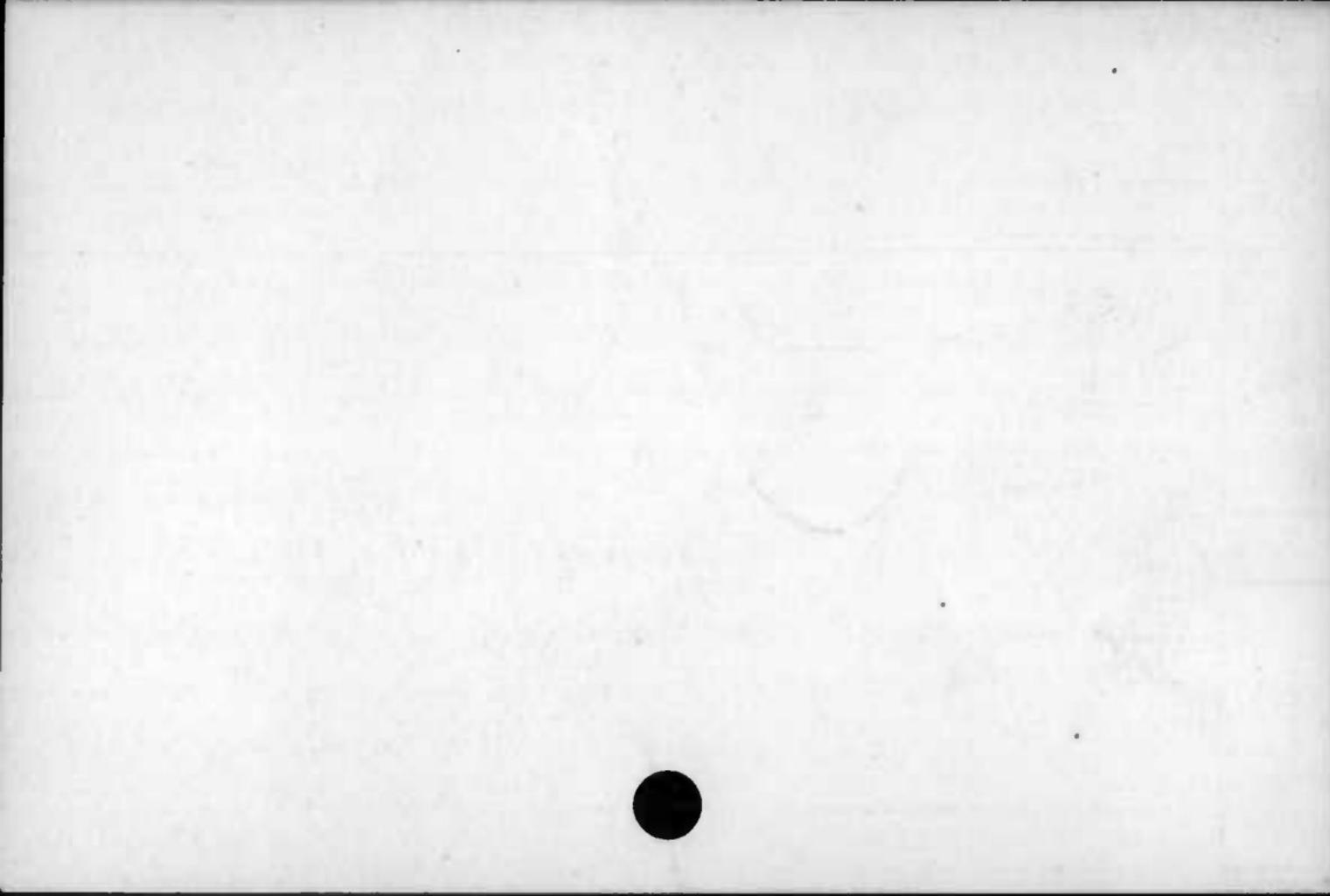
Signature of Physician

Address

R. S. Lyon.

Frederick,  
Md

Accident or Suicide?



Name  
in  
Full

John F. Neisinger

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Nearest Town Died		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1908	3	2	82	4	27
Sex	Male	Color or Race	White	Birth- place	F. Co. Md
Occupation	Laborer		Where Residing if not at place of death	Same	
Married, Single or Widowed	Widower	Name of Wife Husband	Julia A. Harrison	Father's Birthplace	Md
Father's Name	Joseph Neisinger			Mother's Birthplace	"
Mother's Maiden Name	Elizabeth Cain			How related to deceased	Son
Name of person giving Information	John Neisinger				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General debility / Exhaustion.	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	~	

179

How long 1 year.  
How long 1 week

R. H. Tyson,  
Frederick,  
Md.

Interment at Chestnut Grove  
Filed.

" Mar 5<sup>th</sup> - 18

Thomas P. Rice F. D.

Dr. Tyson  
Dr Goodell  
Dr McCurdy

Name  
in  
Full

William A. Mitchell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month 3	Day 10	Years 52	Months —	Days —	
Sex	Male	Color or Race	Black		Birth place	Fredericks	
Occupation	Labores		Where Residing if not at place of death		Same		
Married, Single or Widowed	Married	Name of Wife or Husband	Lucinda Norris		Father's Birthplace	Med	
Father's Name	Samuel Mitchell				Mother's Birthplace	"	
Mother's Maiden Name	Sophia Brown				How related to deceased	Daughter	
Name of person giving information	Gertrude Gaines				27	How long	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Exsuffocation

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

B. F. Gorrell, M.D.  
Frederick Md

Accident or Suicide?

Interment at St. John's Cemetery  
" Mar 12-08

Thomas P. Rice F.A.

Dr. Goodell,

Dr. McCusdy.

Name  
in  
Full

Viola Ellen Morningstar

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Year Died at Frederick

Town

County

Frederick Co.

MARYLAND

Date of death 1908 Month March Day 14 Years Age 1 Months 4 Days 16

Sex Female

Color or Race

White

Birth-place

Fred. Co. Md.

Occupation nurse

Where Residing if not at place of death

Same place

Married, Single or Widowed

Single

Name of Wife or Husband

Name

Father's Name

John G. Morningstar

Father's Birthplace

Fred. Co. Md.

Mother's Maiden Name

Minnie M. Kauffman

Mother's Birthplace

Fred. Co. Md.

Name of person giving Information

John G. Morningstar

How related to deceased

Father

CAUSES OF DEATH

104

How long

3 Weeks

Primary

Acute indigestion

How long

one week

Immediate

Metastasis to Brain

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

C. A. Stultz, M.D.

Address

Woodsboro

Md.

PHYSICIAN  
OR CORONER

To best of my knowledge

Accident or Suicide?

John G.  
Jimmie M.

Name  
in  
Full

Eva Pearl Moosburg

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Limestone Town Washington Co County MARYLAND  
Date of death 1908 March 11<sup>th</sup> Month Day Years Months Days  
Age 16 months —  
Sex Girl Color or Race White  
Occupation No Birthplace Limestone

PHYSICIAN  
OR CORONER

Married, Single  
or Widowed — Name of Wife or  
Husband —

Father's Name Charles Moosburg

Father's Birthplace Frederick, Md.

Mother's Maiden Name Rosa A Keyser

Mother's Birthplace Frederick, Md.

Name of person giving  
Information Dr Ernest Kriday

How related  
to deceased

CAUSES OF DEATH

92

Primary Broncho Pneumonia

How long 10 days

Immediate Heart Failure

How long 6 hours.

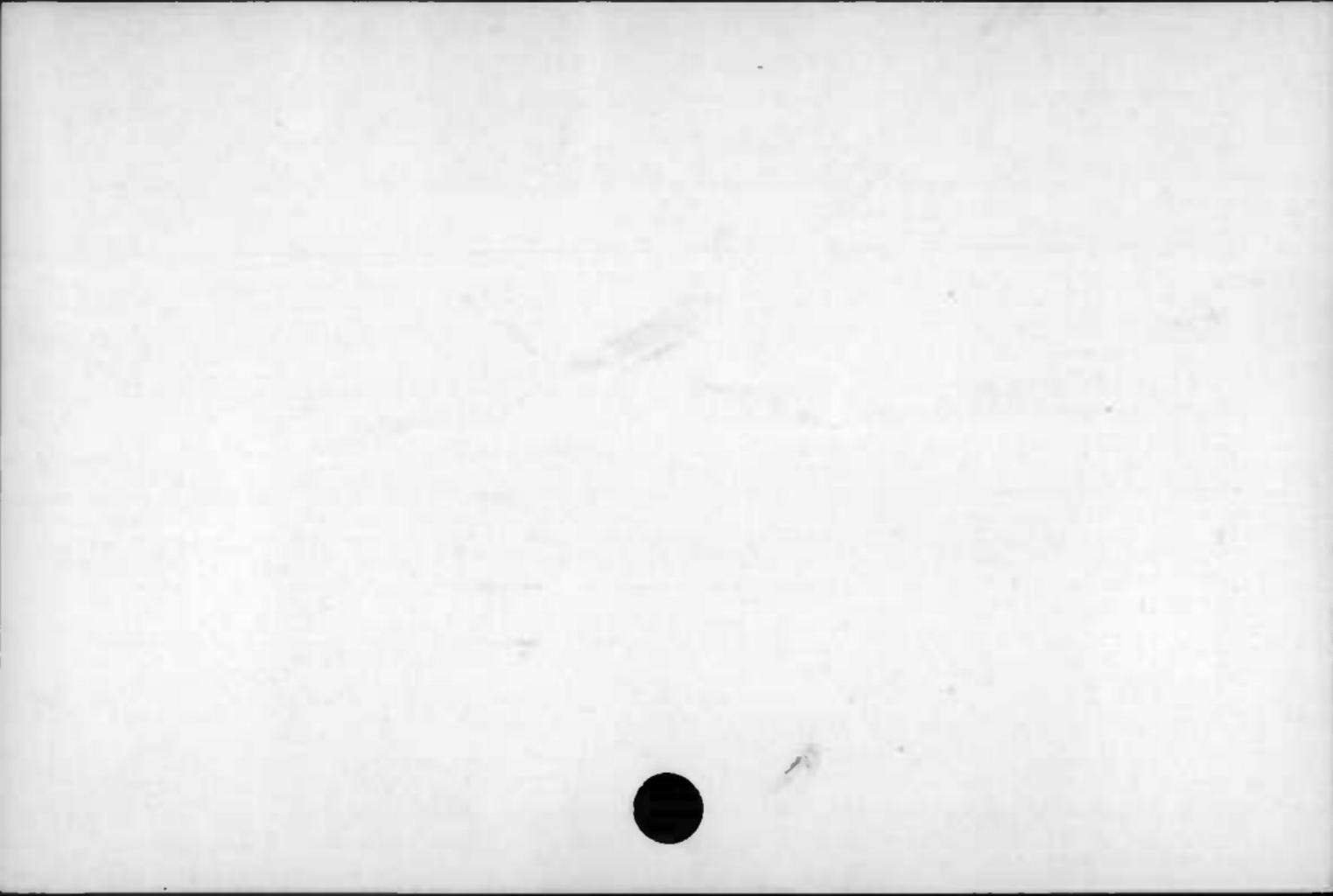
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Wm W. Smith  
Frederick City.

Accident or Suicide?



Name  
in  
Full

Mary Edna Nelson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Mar	5	18	2	13
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Ernest Nelson				
Mother's Maiden Name	Irene Jane Lorange				
Name of person giving information	Ernest Nelson				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?

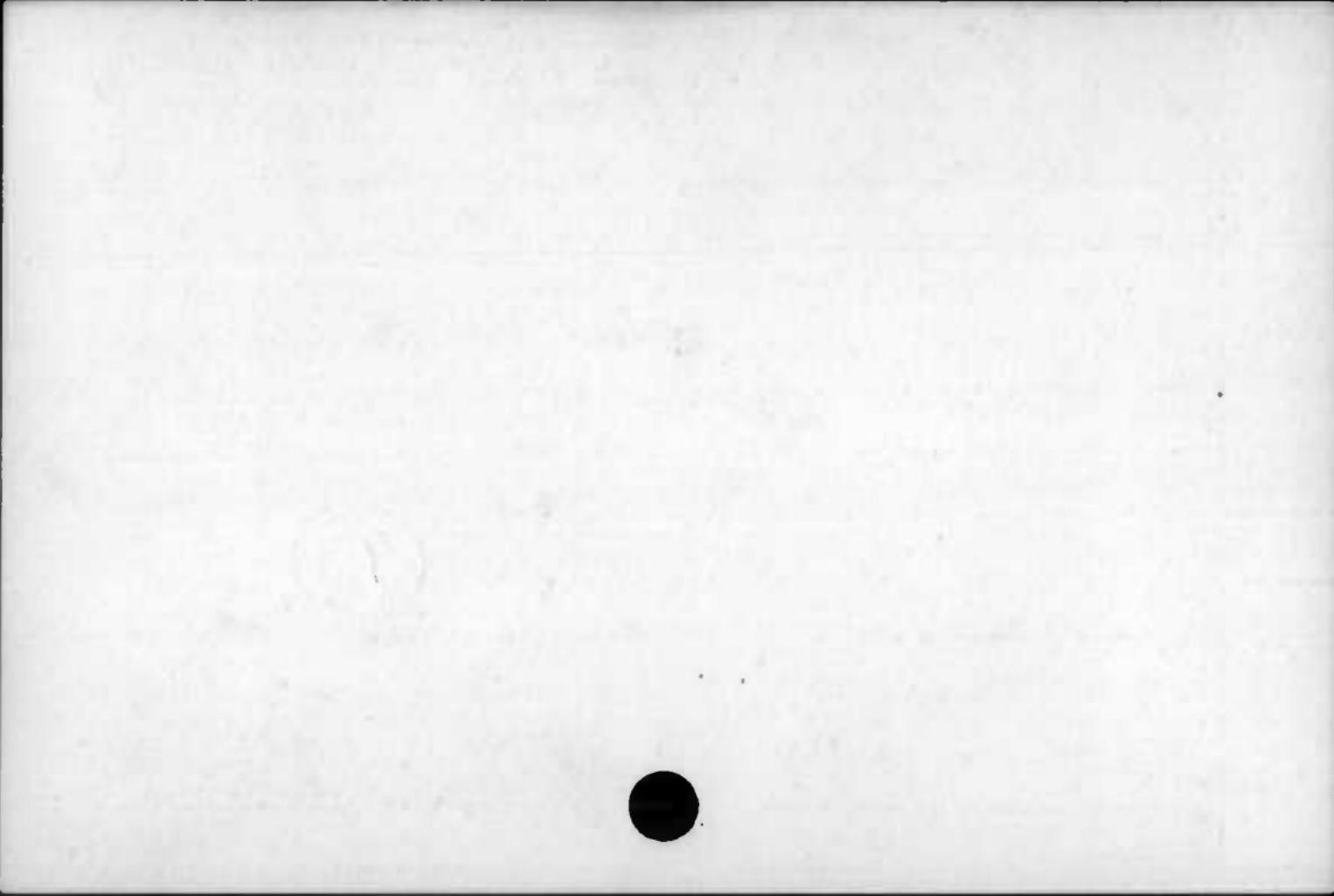
93

How long

much

How long

PCP Feb 11<sup>th</sup>  
Coughing.  
Dust.



Name  
in  
Full

Lewis Medast. Nixdorff -

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Lina P. Miles Nixdorff			
Father's Name	Henry Nixdorff		Father's Birthplace	Frederick Md	
Mother's Maiden Name	Susan Medast.		Mother's Birthplace	Frederick Md	
Name of person giving information	F.B. Smith		How related to deceased	Nephew	

CAUSES OF DEATH

104

How long

1 hour

How long

x

PHYSICIAN  
OR CORONER

Primary

In degoshm -

Immediate

Paralysis of Heart

Are the name, age, sex, color, date and place correctly given above?

Yes

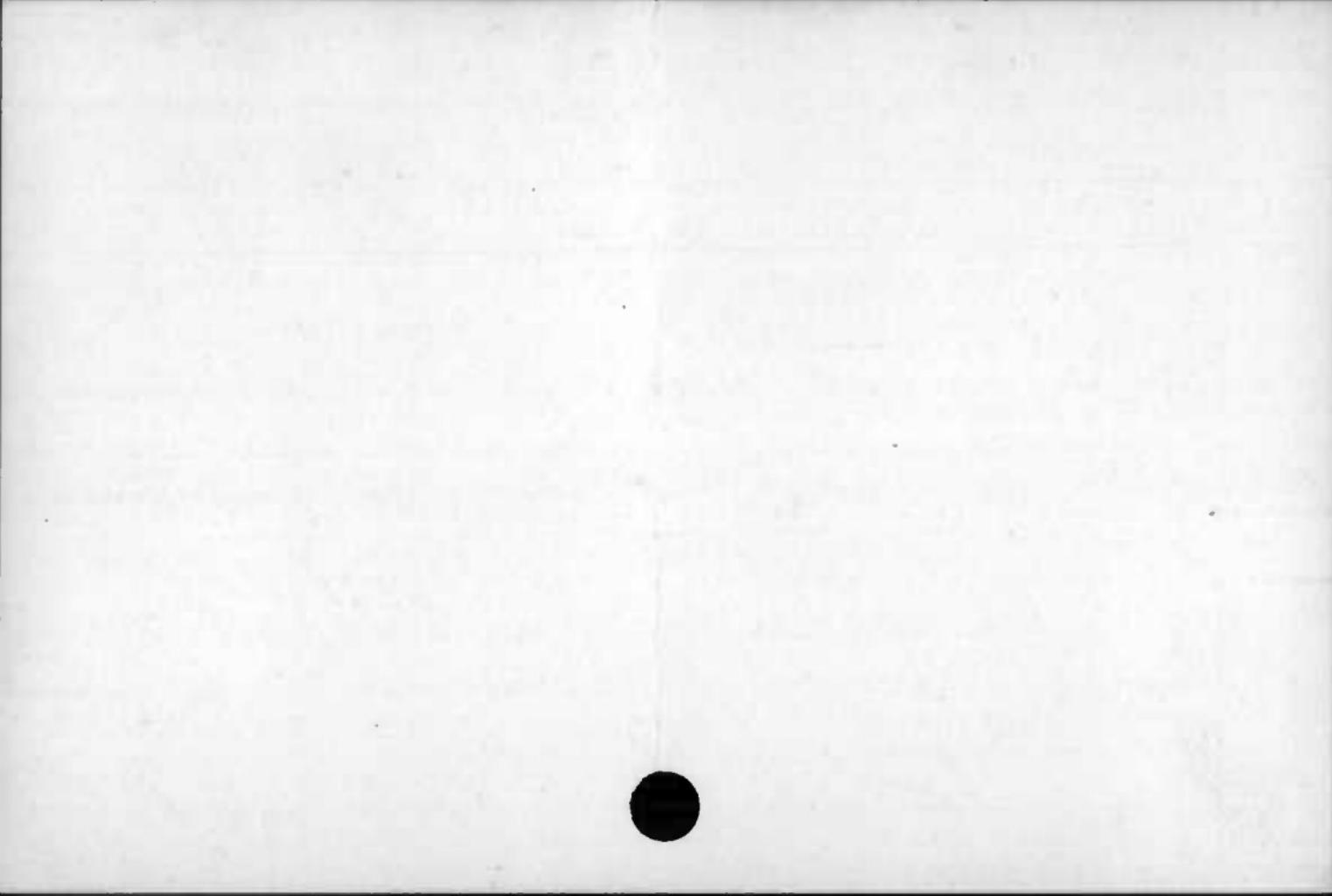
Signature of Physician

Franklin Buchanan Smith,

Address

Frederick City, Md.

Accident or Suicide?



Name  
in  
Full

Frederick Olase

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town <del>Frederick</del>	County <del>Frederick</del>	MARYLAND		
Date of death 1908	Month March	Day 20	Age 86	Years Months Days
Sex Male	Color or Race white	Birth-place Md.		
Occupation Retired Farmer	Where Residing if not at place of death			
Married, Single or Widowed Widower	Name of Wife or Husband			
Father's Name Henry Olase	Father's Birthplace Germany			
Mother's Maiden Name Christina Haefner	Mother's Birthplace Germany			
Name of person giving information Mrs. Wilbiss Daughter	How related to deceased Daughter			

CAUSES OF DEATH

79

How long

How long

PHYSICIAN  
OR CORONER

Primary

Congestion of lungs. Special Heart disease -

Immediate

Cardiac Asthma

Several weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. N. Neel Dix  
Frederick, Md.

Accident or Suicide?



Name  
in  
Full

Andrew Orrison

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth- place	Annapolis		
Occupation	Laborer		Where Residing if not at place of death	Montgomery Hospital			
Married, Single or Widowed	Widower	Name of Wife or Husband	Unknown				
Father's Name	Unknown		Father's Birthplace	Unknown			
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown			
Name of person giving Information	Hospital Record		How related to deceased	X			

CAUSES OF DEATH

179

How long

PHYSICIAN  
OR CORONER

Primary

Hypertension

1 year  
and

Immediate

Thinning

1 month

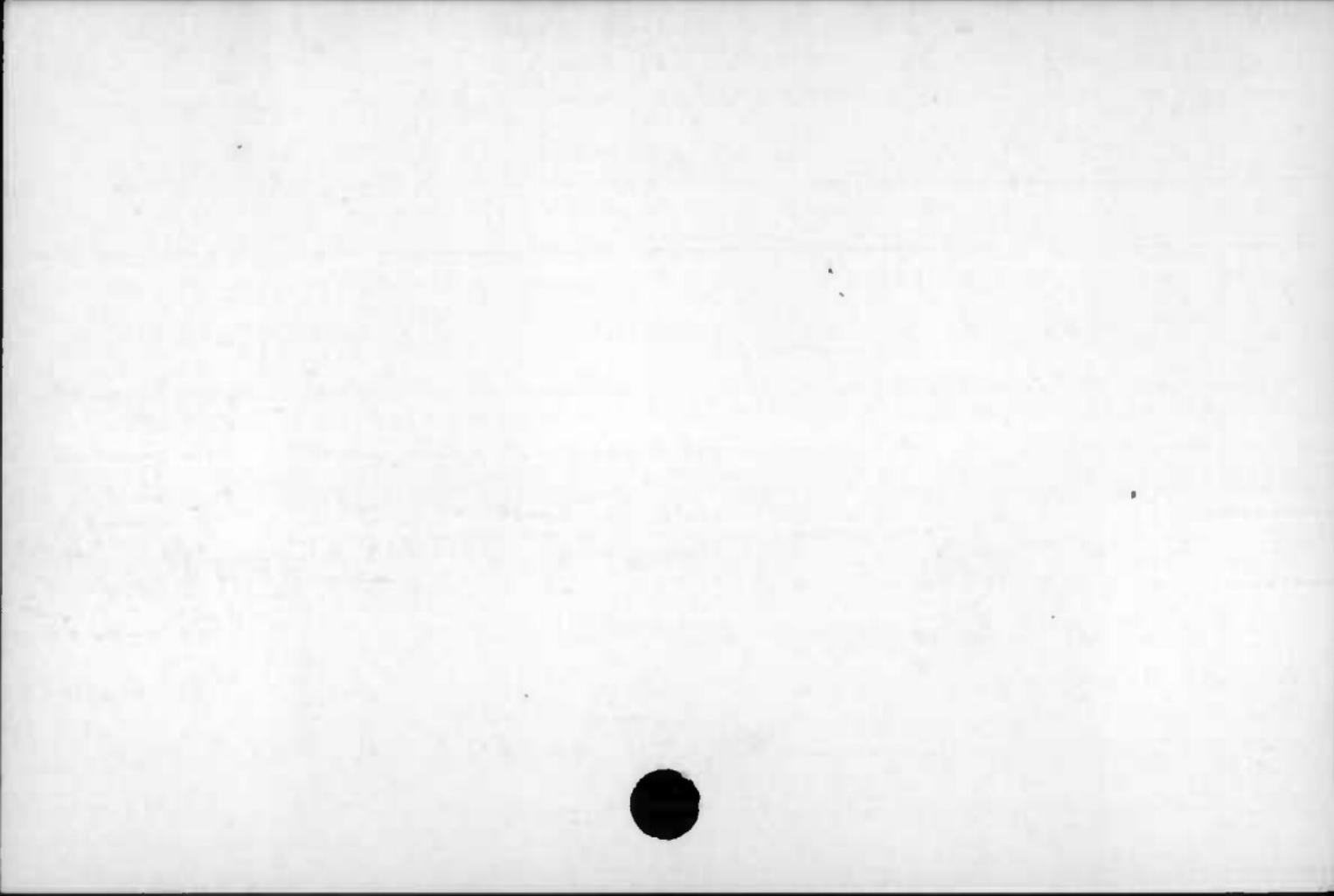
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

R. S. Tyson,  
Frederick,  
Md

Accident or Suicide?



Name  
in  
Full

Mary Ann Elizabeth Soffinburger

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Near Myersville

County

MARYLAND

Date of death 1908 Month 3 Day 28 Age 79 Years Months Days 20

Sex Female

Color or Race

White

Birth-place

Near Maysville

Occupation

Housekeeping

Where Residing if not  
at place of death

Near Myersville

Married, Single  
or Widowed

Widow

Name of Wife or Husband

Henry Soffinburger

Father's Name

Henry Brandenburg

Father's Birthplace

Myersville

Mother's Maiden Name

Mary Kemper

Mother's Birthplace

Jefferson

Name of person giving information

Amanda Patterson

How related to deceased

Daughter

CAUSES OF DEATH

(66)

Primary

Ptyalitis & General Debility

How long

3 mo

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

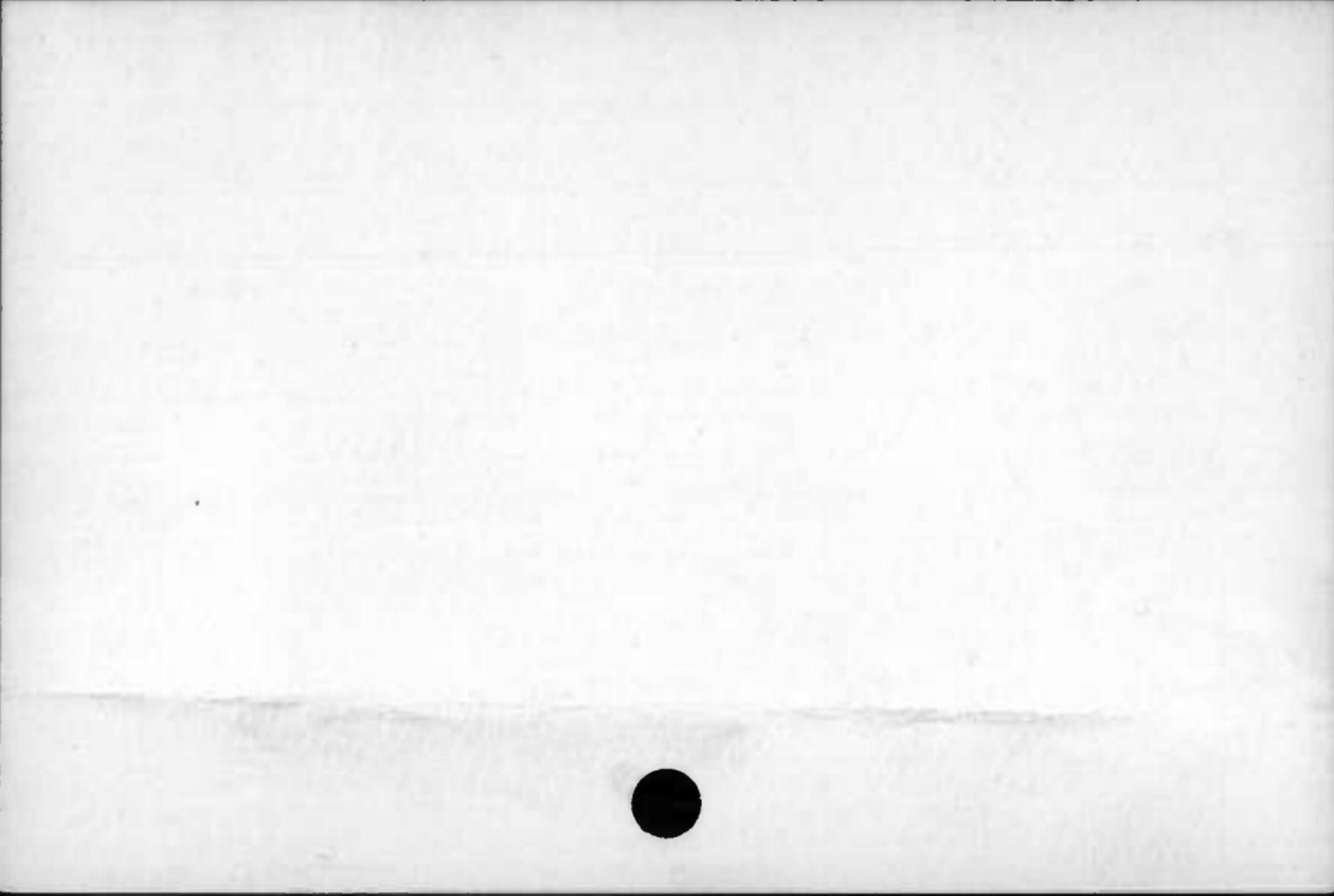
Signature of Physician

Address

J. Thos Bittle  
Albion, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Hesekiah Putman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Widower	Name of Wife or Husband	Deceased				
Father's Name	John Henry Putman					Father's Birthplace	Md.
Mother's Maiden Name	Annie E. Summers					Mother's Birthplace	Md.
Name of person giving information	Mrs. Kline					How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bright's Disease

120

Probably coronary  
disease or old cause  
under way for 3 days  
Hartford Hospital,  
Hartford, Conn.

Immediate

Atherosclerosis

Are the name, age, sex, color, date and place correctly given above?

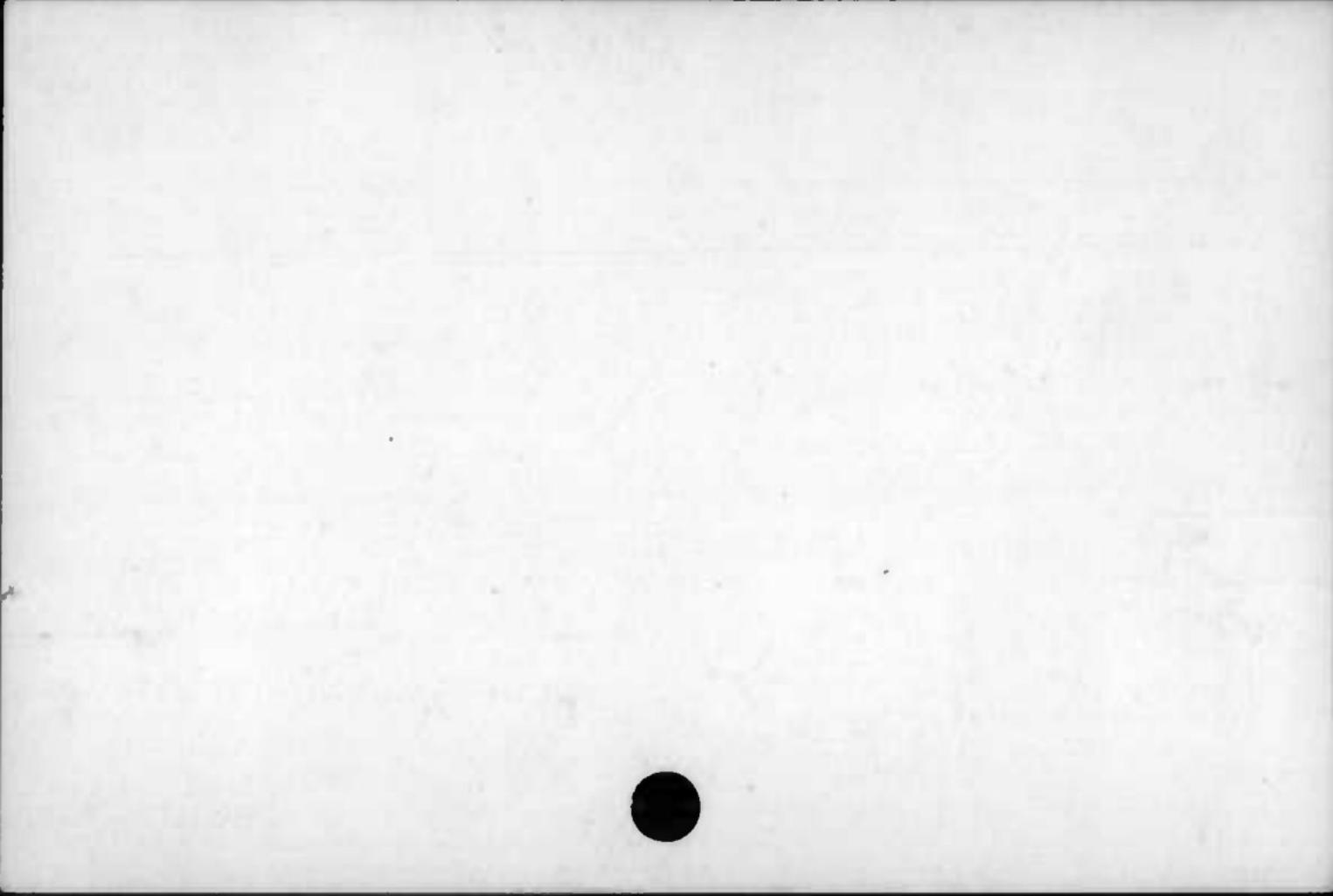
Yes

Signature of Physician

Address

S. V. Haffner M.D.  
Frederick, Md.

Accident or Suicide?



Name  
in  
Full

Lillie Jane Randolph

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u> town		<u>Frederick</u> County		MARYLAND		
Date of death <u>1908</u>	Month <u>3</u>	Day <u>2</u>	Years <u>29</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Md</u>				
Occupation <u>Maid</u>	Where Residing if not at place of death <u>Same</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Peter Randolph</u>	Father's Birthplace <u>- Md</u>					
Mother's Maiden Name <u>Jennie Smith</u>	Mother's Birthplace <u>"</u>					
Name of person giving information <u>Mrs. Johnson</u>	How related to deceased <u>Sister</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Chronic Nephritis

120

How long

several months

Immediate Exhaustion

" days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. G. Brown, M.D.  
Frederick, Md.

Accident or Suicide? No

Interment at Greenmount  
" March 4 - 08

Thomas P. Rice Gal.

Dr Bourne.

Dr McCurdy

Name  
in  
Full

Edward Enock Sanders

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Dey's
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Enock Sanders		Father's Birthplace	Maryland	
Mother's Maiden Name	Jannia Bigio		Mother's Birthplace	Maryland	
Name of person giving information	Arthur Patterson		How related to deceased	Nephew	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Phthisis

Immediate

-

Are the name, age, sex, color, date and place correctly given above?

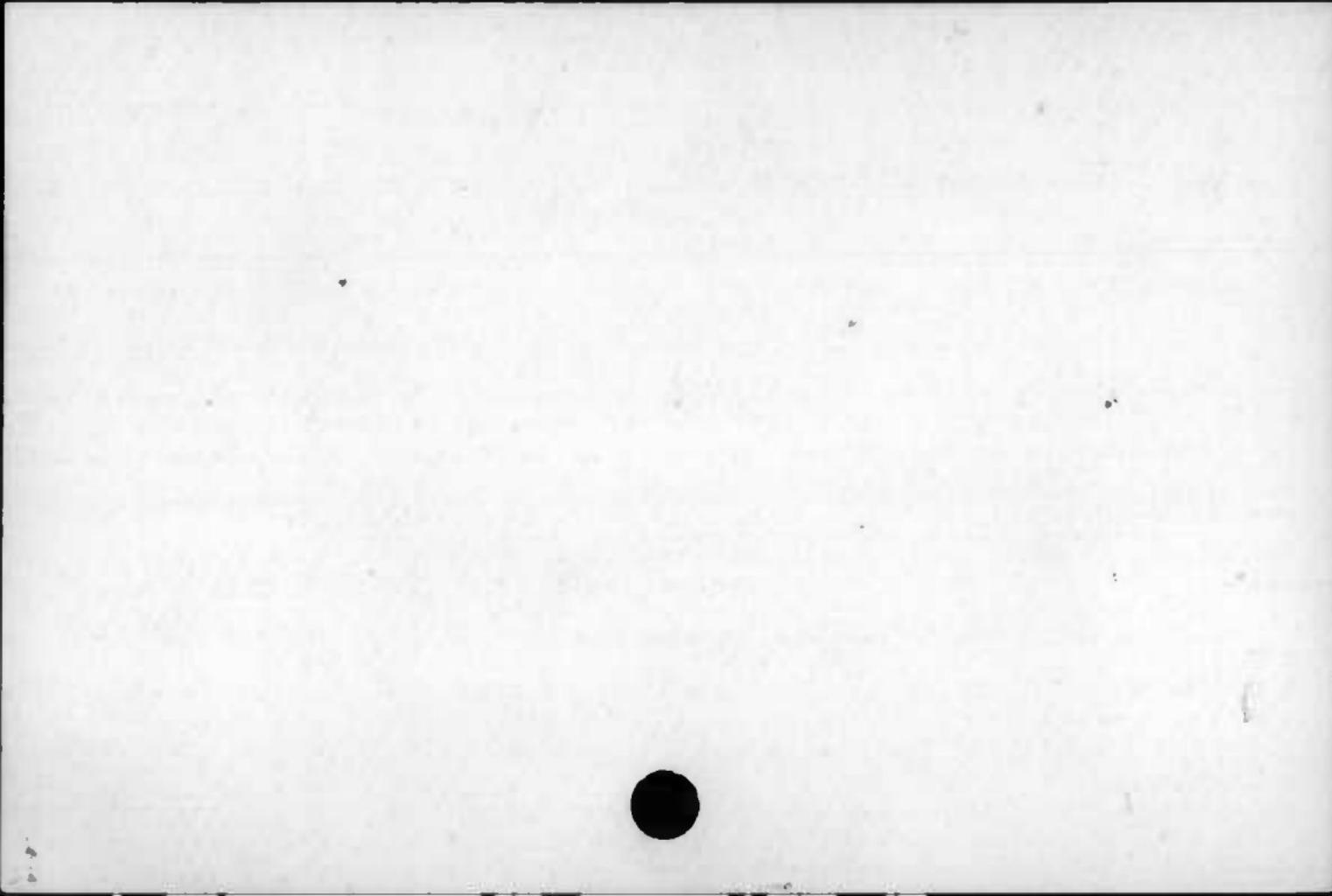
yes

Signature of Physician

Address

Sandra & Whitehead  
New Windsor  
Md

Accident or Suicide?



Name  
in  
Full

William E Schroeder

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	March	16	55	6	16
Sex	Male	Color or Race	white	Birth-place	Frederick md
Occupation	Railroad Agent	Where Residing if not at place of death	Resided at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Clara Snyder	Father's Birthplace	Hesse Cairel, Ger.
Father's Name	Frederick Schroeder	Mother's Maiden Name	Sofia Hanning	Mother's Birthplace	Hesse Darmstadt, Ger.
Name of person giving Information	Albert Schroeder	How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Age Angina Pectoris	
Immediate	Cardiac paralysis	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	Neither	

80

How long at intervals during 36 hours

How long Instantaneous

Salmon

23 E. Church St.

六



Name  
in  
Full

Sarah Frances Scoggins

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			
Died at	Lakeville	Md.			
Date of death	Month	Day	Years	Months	Days
1908	Feb.	22	Age	3	4
Sex	Color or Race	Birth-place			
Female	Colored	Md.			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Single	—				
Father's Name	John Henry Scoggins	Father's Birthplace			
Mother's Maiden Name	Carrie Dijo	Mother's Birthplace			
Name of person giving information	John H. Scoggins	How related to deceased			
CAUSES OF DEATH		106			
Primary	Gastric Enteritis	How long			
Immediate		1 wk.			

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

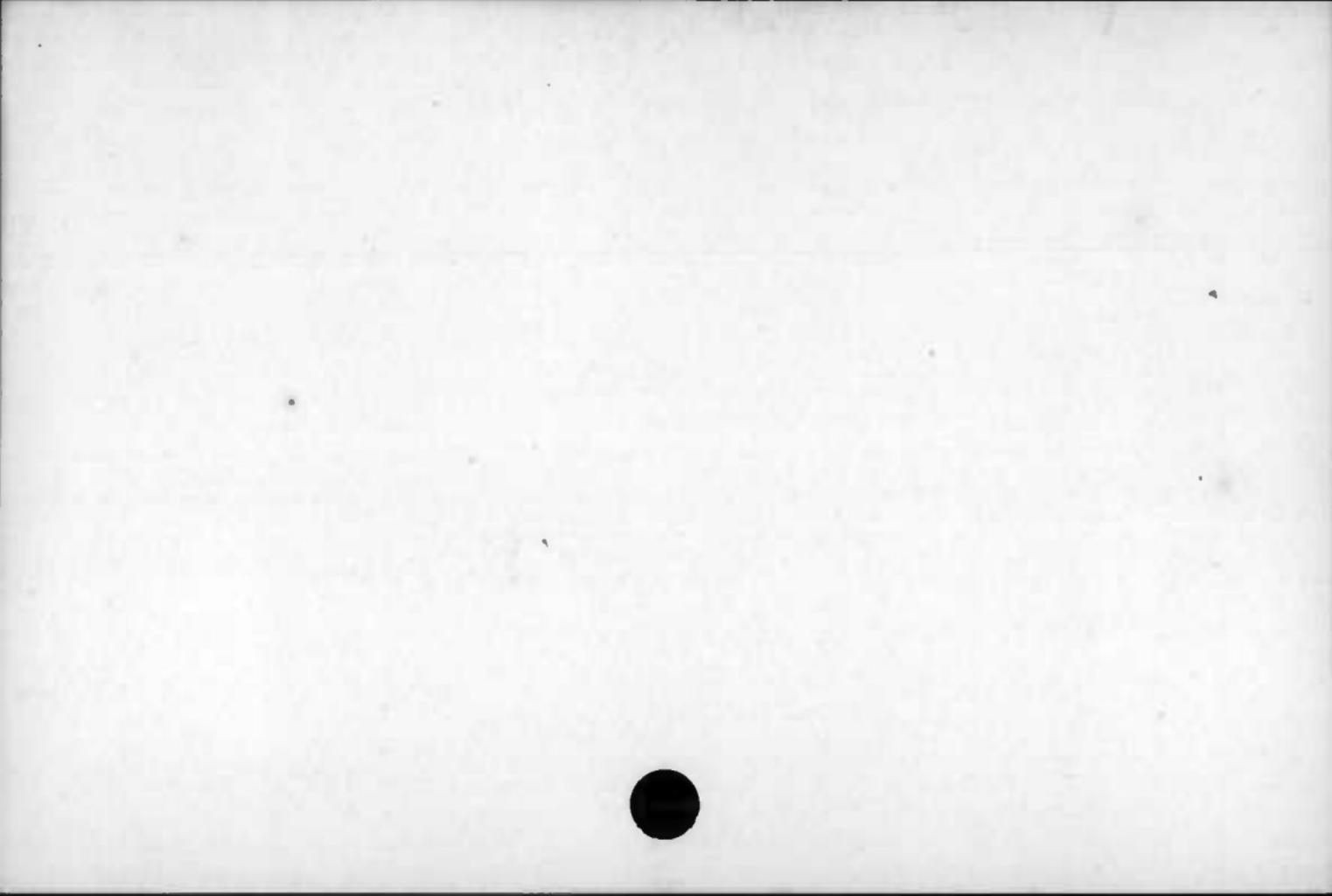
Yes

Signature of  
Physician

Address

J. Clyde Routem  
Buckeyestown  
Md.

Accident or Suicide?



Name  
in  
Full

Mary E G Shafer

CERTIFICATE OF DEATH

To BE ANSWERED BY

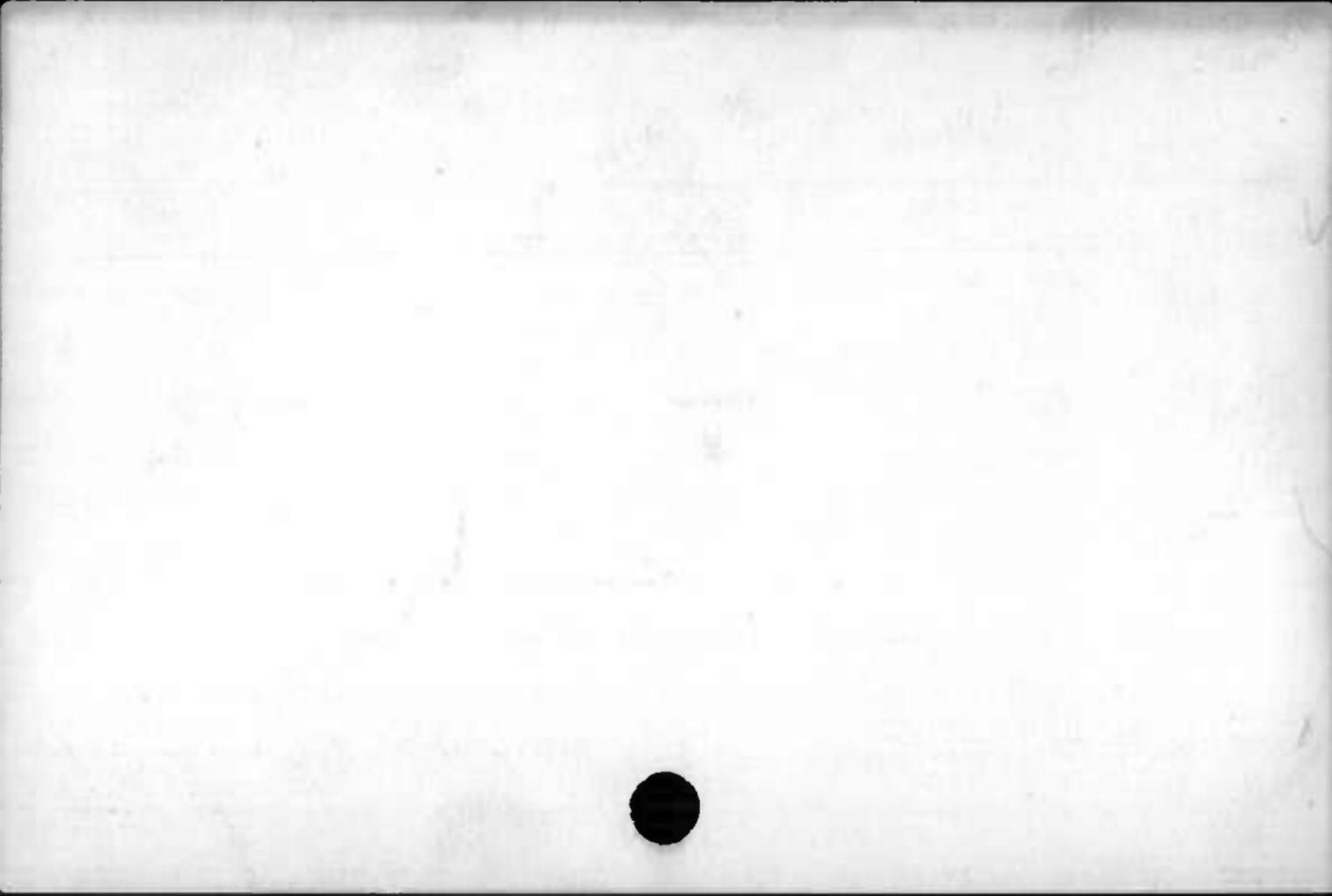
NEAREST FRIEND

Died at <u>near Huddletown</u>		County <u>Fire docks</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>March</u>	Day <u>30</u>	Years <u>11</u>	Months <u>6</u>	Days <u>24</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Greck Land</u>				
Occupation <u>School girl</u>	Where Residing if not at place of death <u>✓</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband		Father's Birthplace <u>Greck Land</u>			
Father's Name <u>William R Shafer</u>			Mother's Birthplace <u>Greck Land</u>			
Mother's Maiden Name <u>Daisy C Flock</u>			How related to deceased			
Name of person giving information			61			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Acute meningitis</u>	How long <u>7 days</u>
Immediate <u>Coma</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E L Beckley</u>
	Address <u>Huddletown</u>
Accident or Suicide? <u>✓</u>	



Name  
in  
Full

Frederick Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND	
Died at	Brunswick	Fred.	
Date of death	1908 Mar 4	Age	24
Month	Day	Years	Months Days
Sex	Male	Color or Race	White
Occupation	Breaker man		
Married, Single or Widowed	single	Name of Wife or Husband	
Father's Name	John Smith	Father's Birthplace	Md
Mother's Maiden Name	Mary Leizew	Mother's Birthplace	Md.
Name of person giving information	a J Conklin	How related to deceased	none

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Pneumonia & Pneumonia

How long

about 2 weeks

Immediate

Relapse

How long

about 5 days.

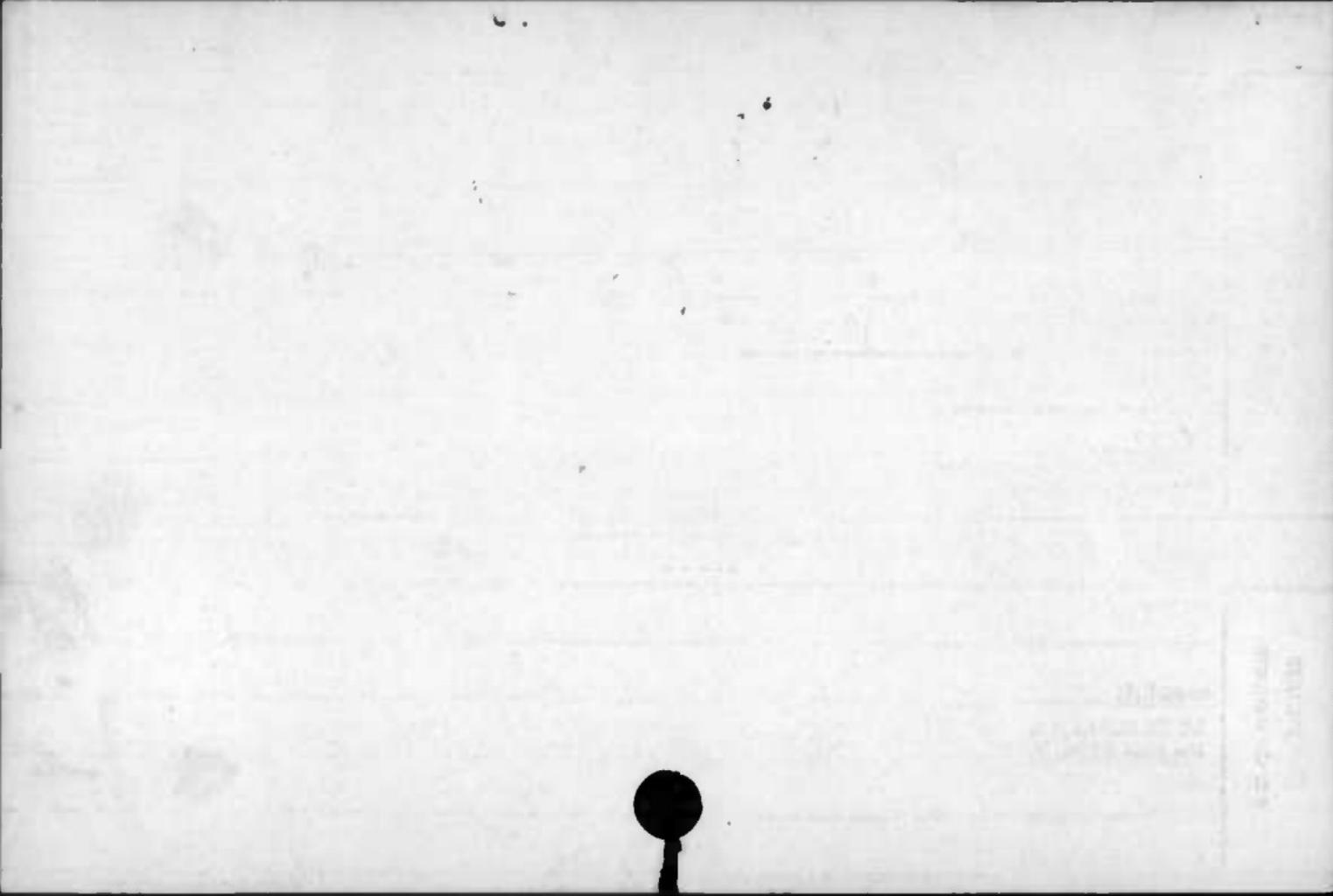
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. D. Schamul M.D.  
Brunswick  
Md.

Accident or Suicide?



Name  
in  
Full

Elias P. Soper.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month 3	Day 9	Years 79	Months 6-	Days
Sex Male	Color or Race Black	Birth-place Montgomery Co. (Kissane)			
Occupation Unknown	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Unknown	Father's Birthplace Unknown			
Father's Name Unknown	Mother's Birthplace Unknown				
Mother's Maiden Name Unknown	How related to deceased				
Name of person giving information Hospital Record	64				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cerebral Hemorrhage.

How long

Immediate

Exsanguination

How long

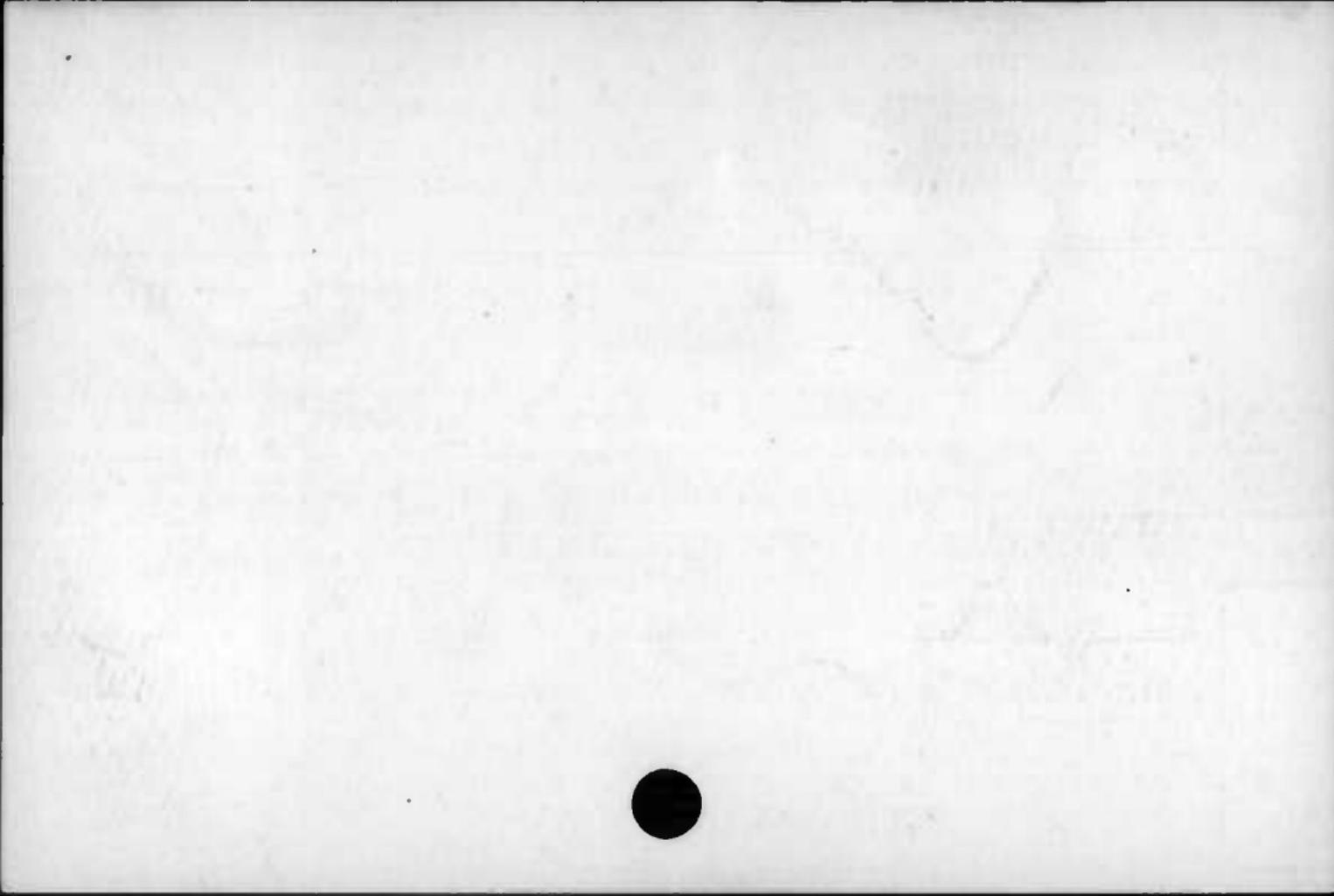
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. S. Lyons  
Frederick,  
Md.

Accident or Suicide?



Name  
in  
Full

Theresa Spriggs

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1908	3	6	60
Sex	Color or Race	Birth-place	
Female	Black	1918	
Occupation	Where Residing if not at place of death		
Domestic	X		
Married, Single or Widowed	Name of wife or Husband	Unknown	
Widow	Laura Spriggs	Father's Birthplace	Unknown
Father's Name	Unknown		
Mother's Maiden Name	Unknown		
Name of person giving information	Anne Morrison		
How related to deceased			
Sister			

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary

Acute Indigestion

How long

2 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

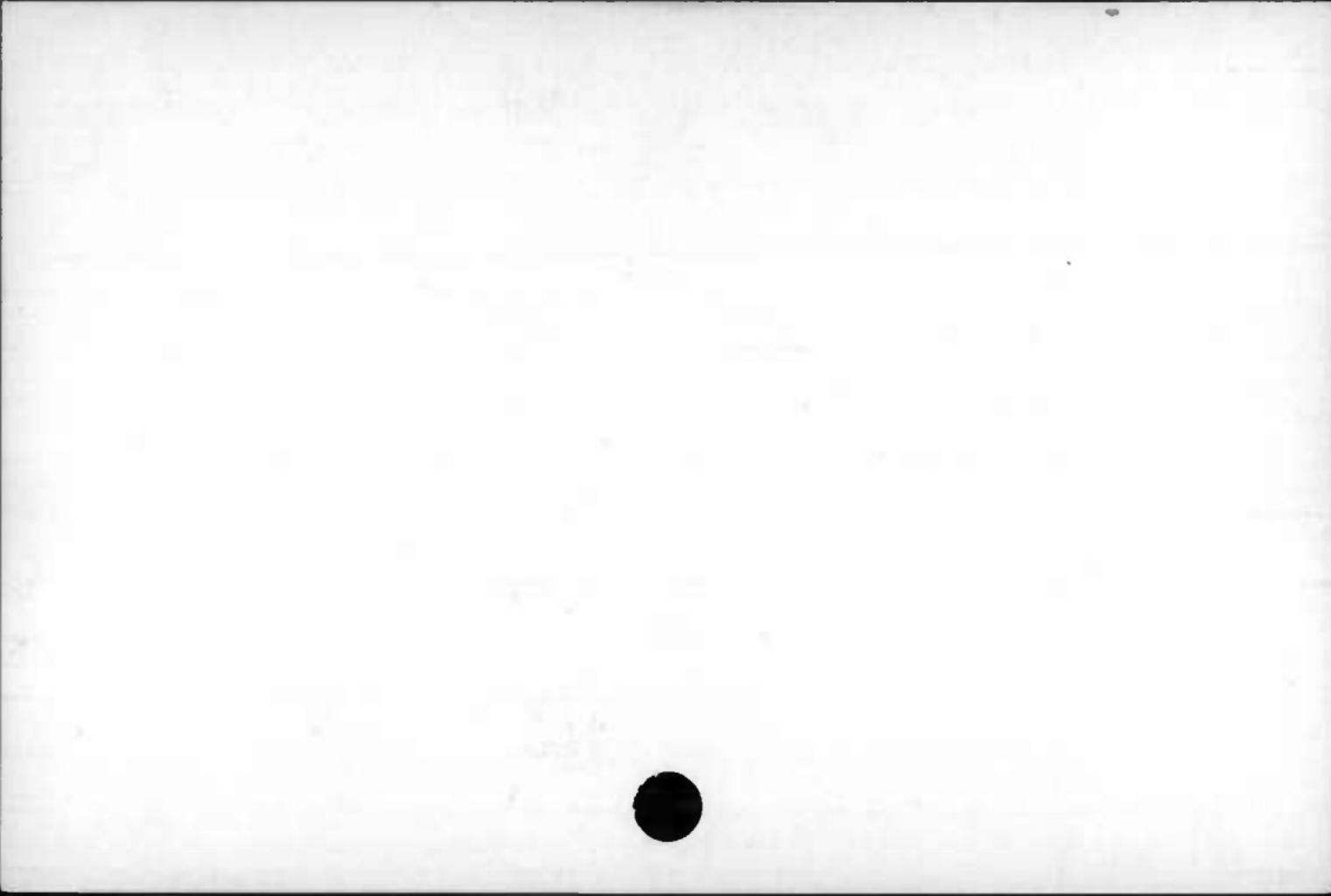
Yes

Signature of Physician

Address

W.A. Long  
Frederick Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Age		Birth-place				
Occupation	Color or Race		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace				
Father's Name	Samuel S. Stine		Mother's Birthplace				
Mother's Maiden Name	Mayfield Mercer		How related to deceased				
Name of person giving Information	R. S. Stine		Father				

## CAUSES OF DEATH

(8)

PHYSICIAN  
OR CORONER

Primary

Diphtheria, Coryza

How long

2 weeks

Immediate

Bronchial Pneumonia

How long

20 Days

Are the name, age, sex, color, date and place correctly given above?

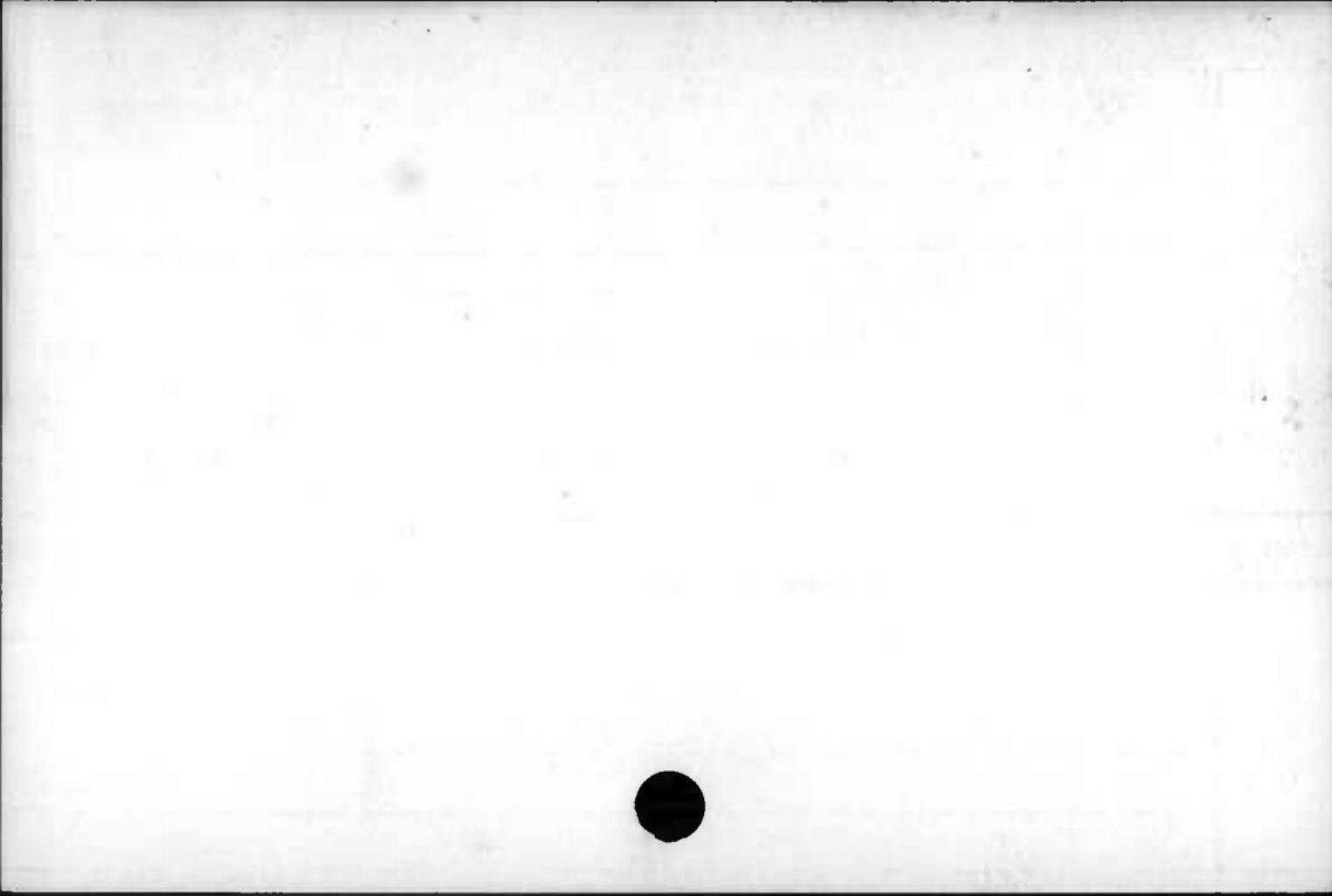
Signature of Physician

Dr.

Address

Dr. H. Hedges  
Frederick  
Md

Accident or Suicide?



Name  
in  
Full

Rufina Straup

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

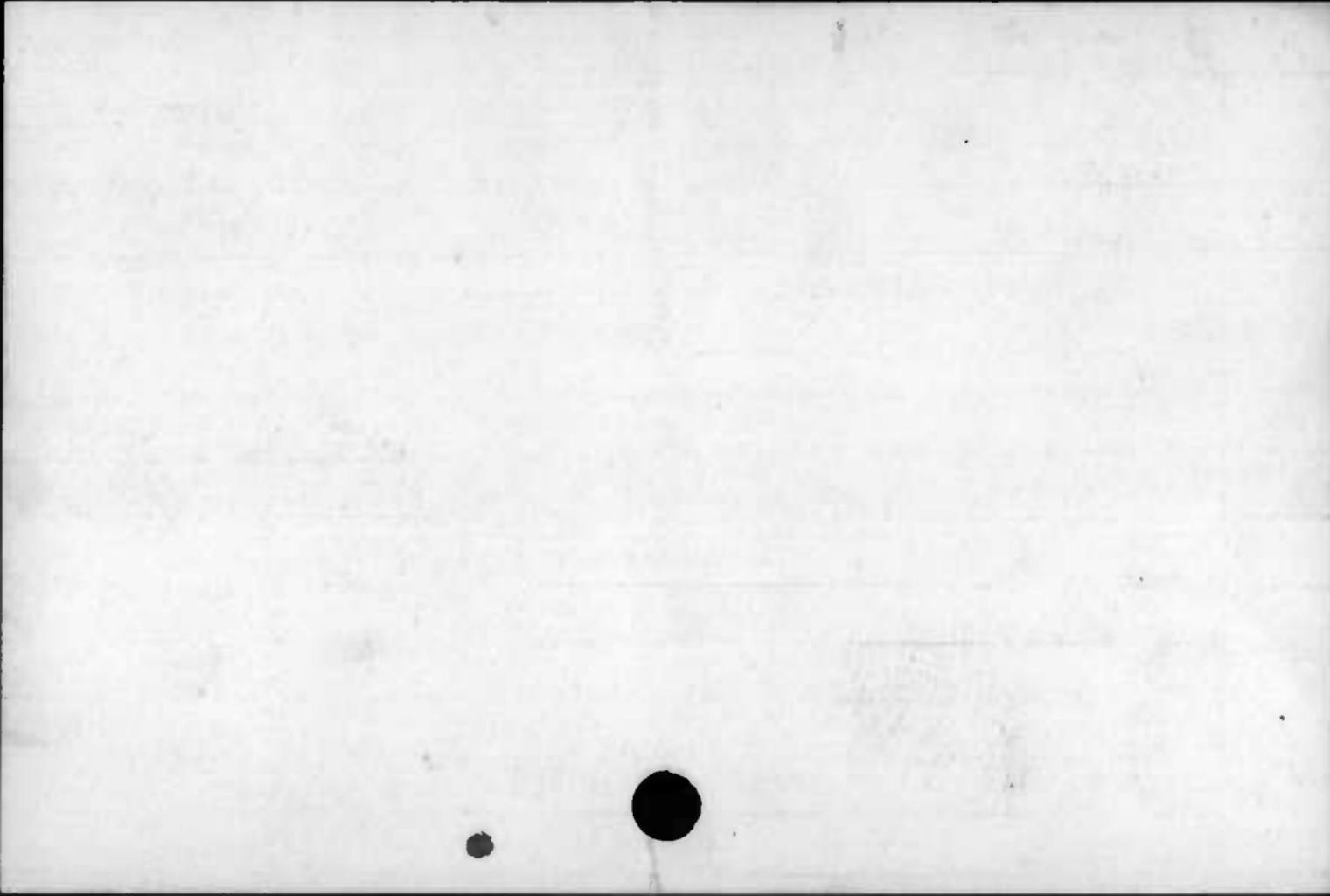
Town Died at	Brunswick	County	MARYLAND								
Date of death	1908	Month	3	Day	28	Years	61	Months		Days	
Sex	Female	Color or Race	white	Birth- place	Ohio						
Occupation	Housewife	Where Residing if not at place of death									
Married, Single or Widowed		Name of Wife or Husband	Mathias Straup								
Father's Name	John Dunn	Father's Birthplace	Ohio								
Mother's Maiden Name	unknown	Mother's Birthplace	Ohio								
Name of person giving Information	John M. Torg	How related to deceased	Son								

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Chronic Heart Disease	How long	9 months
Immediate	Exhaustion	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. Hedges
		Address	Brunswick Md.
Accident or Suicide?			



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Claude E. Stockman

CERTIFICATE OF DEATH

MARYLAND

Died at New Pekosville

County Frederick

Date of death 1908 Month Mar

Day 12 Age 6 Years

Months X Days 27

Sex Male

Color or Race

White

Birthplace

Fair Co

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or Husband

Father's Name

Nathaniel G. Stockman

Father's Birthplace

Fair Co

Mother's Maiden Name

Annie Kimmel

Mother's Birthplace

Frederick

Name of person giving  
Information

Annie Stockman

How related  
to deceased

Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Croupous Pneumonia

How long

4 days-

Immediate

Croup

How long

6 hours-

Are the name, age, sex, color, date  
and place correctly given above?

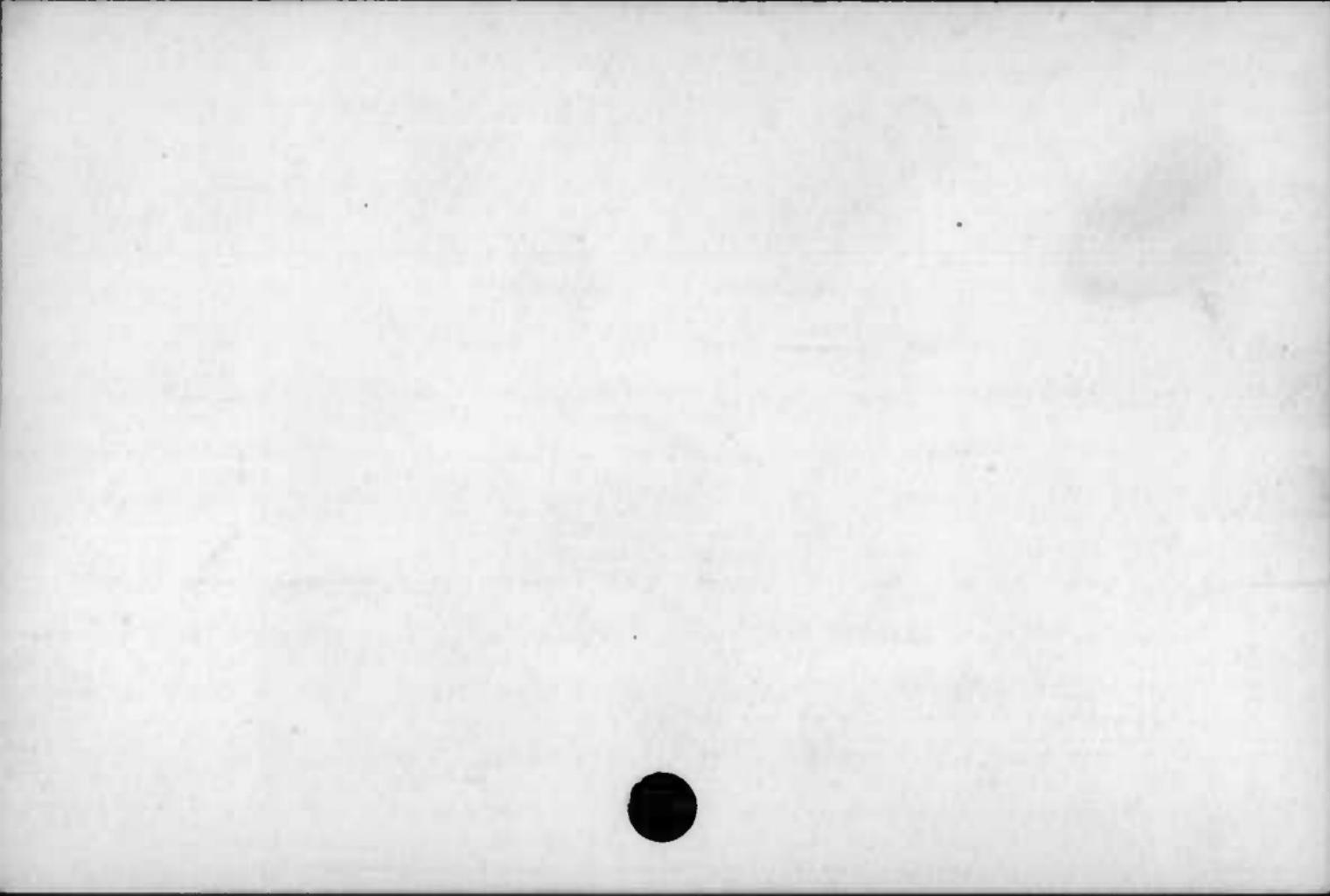
Yes -

Signature of  
Physician

Address

J. M. Kennedy  
Frederick

Death  
Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Glenn E. Wachtel.

Town

County

Died at Walkersville

Frederick

CERTIFICATE OF DEATH

MARYLAND

Date of death	Month	Day	Years	Months	Days
1908	3	15	16	9	11

Sex	Color or Race	Birth-place
Male	White	Walkersville

Occupation	Where Residing if not at place of death
Student	-

Wife, Single  
or Widower

Name of Wife or Husband

Father's Name

Elmer L. Wachtel

Father's Birthplace

Fred. Co

Mother's Maiden Name

Gloria V. Long

Mother's Birthplace

Fred. Co

Name of person giving information

Jas. St. Long.

How related to deceased

Uncle

CAUSES OF DEATH

85

How long

6 hrs.

Primary

Haemorrhage

How long

18 hrs.

Immediate

Shock

Are the name, age, sex, color, date and place correctly given above?

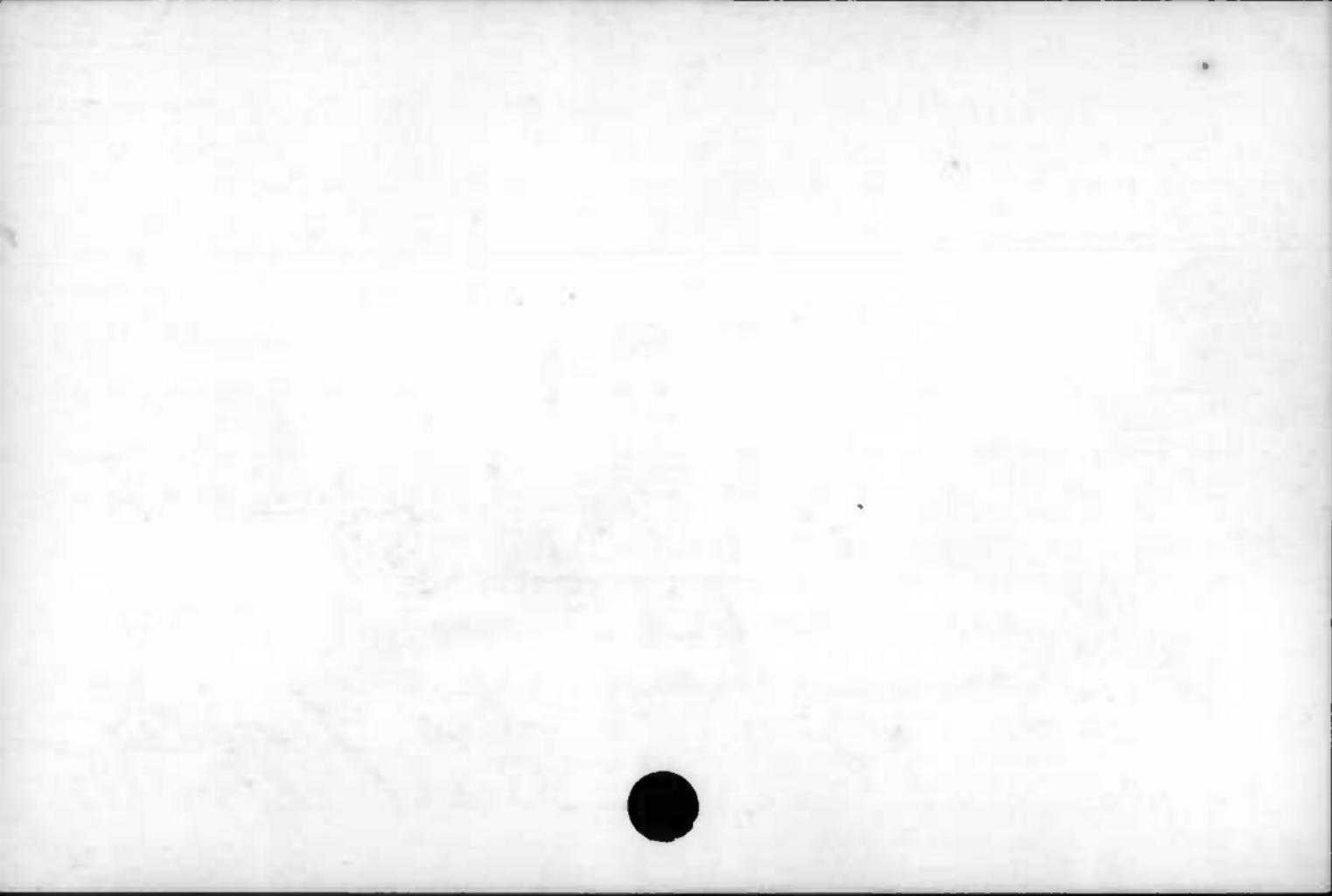
Signature of Physician

yes

Address

J. St. Long.  
Walkersville  
Md.

Accident or Suicide?



Name  
in  
Full

Charles Edward Walker

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Burkittsville	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1908	Mar.	18	0	11	5
Sex	Male	Color or Race	colored	Birth-place	Burkittsville
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Fred. go.
Father's Name	Lewis C. Walker			Mother's Birthplace	Fred. go.
Mother's Maiden Name	Mary A. Likes			How related to deceased	Mother
Name of person giving information	Mary Walker				

CAUSES OF DEATH

93

How long

How long

5 days

PHYSICIAN  
OR CORONER

Primary

Pneumonia

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Geo. Youllee  
Burkittsville

Accident or Suicide?

1. Standard

2. Standard

3. Standard

Name  
in  
Full

Charles W. Wright

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County		MARYLAND		
Died at Mar Mt. Ephraim	Frederick				
Date of death 1908	Month March	Day 29	Years 58	Months	Days
Sex Male	Color or Race White	Birth-place not known			
Occupation Labour	Where Residing if not at place of death near Mt. Ephraim				
Married, Single or Widowed not known	Name of Wife or Husband	not Known			
Father's Name not known	Father's Birthplace not known				
Mother's Maiden Name not known	Mother's Birthplace not known				
Name of person giving Information Charles W. Kaiser	How related to deceased not Related				

Supposed to have been -

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Alcoholism (56) How long 24 hours.  
Immediate Alcoholism How long

Are the name, age, sex, color, date and place correctly given above? Yes

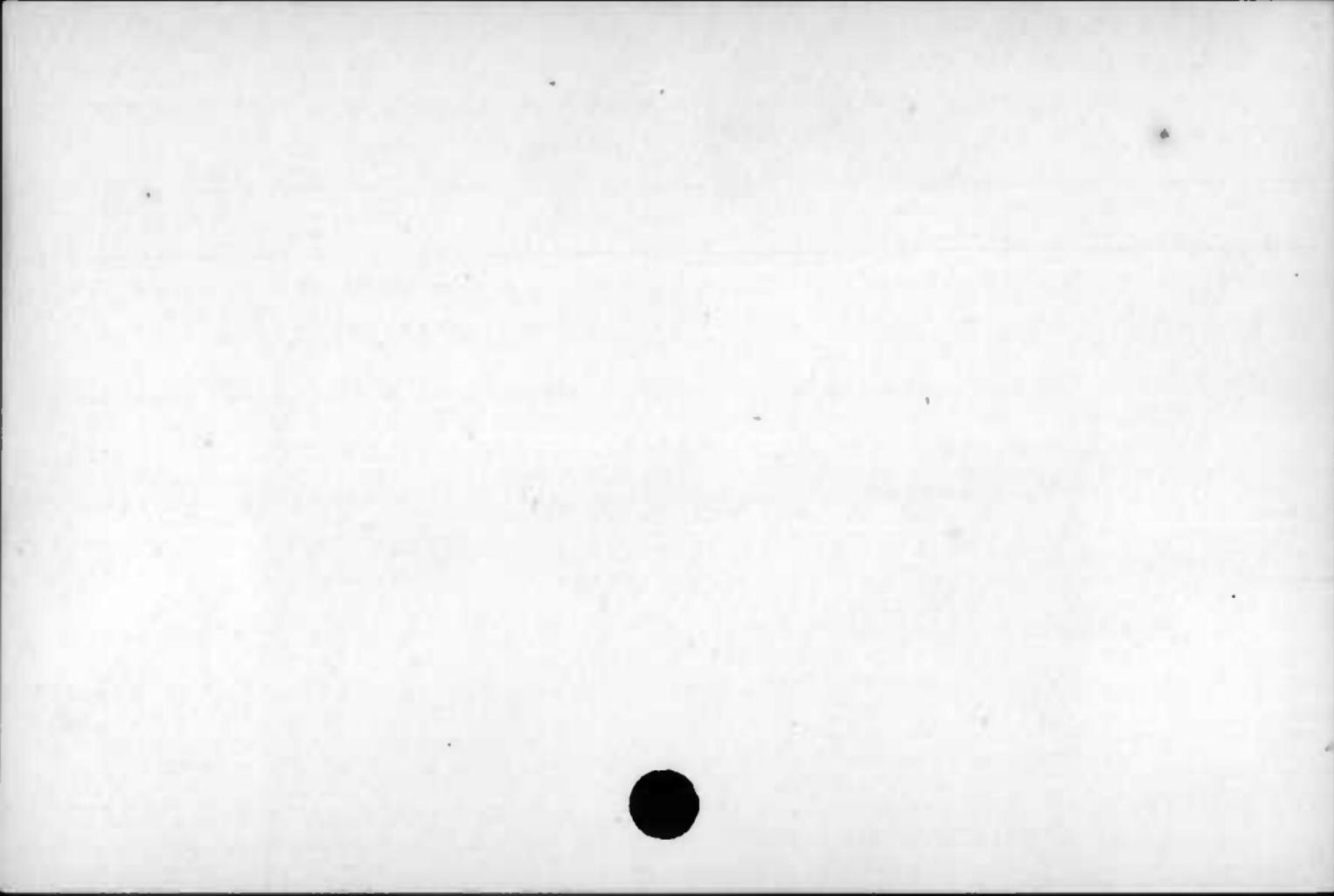
Signature of Physician

Address

Beny Curry  
Araby  
Md.

Accident or Suicide?

Accident.



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Gummernan Chas Jr

## CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Died at	Baldock	Fredrick			
Date of death	Month	Day	Years	Months	Days
1908	3	5	55		
Sex	Male	Color or Race	White	Birth-place	Md.
Occupation	Physician	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Ida Dockefair	Father's Birthplace	Frederick County
Father's Name	Is F S Gummernan			Mother's Birthplace	"
Mother's Maiden Name	May J Is Herring			How related to deceased	Wife
Name of person giving information	Mrs Chas Gummernan				

## CAUSES OF DEATH

27

Primary  
Tuberculosis Pulmonum-

Husband

Jens.  
3 months.Immediate  
apnoea

How long

Are the name, age, sex, color, date and place correctly given above?

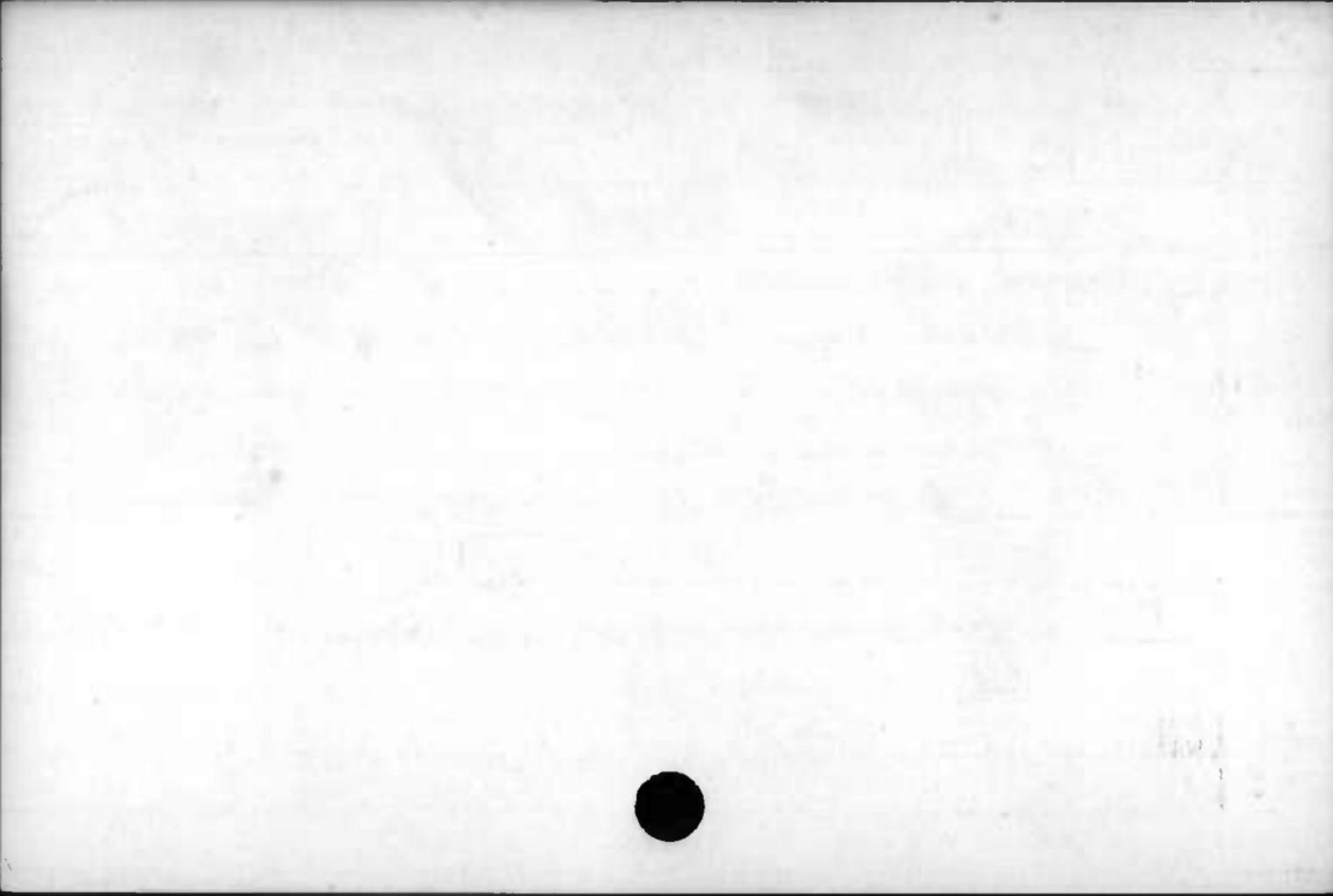
Signature of Physician

A.P. Farney M.D.

Address

Frederick Md.

Accident or suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

William W. Grinnemann

Town

County

MARYLAND

Died at

Thurmont

Frederick

Date  
of death

1908

Month

19.

Day

Years

68

Age

Months

10

Days

8

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Retired Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife  
Husband

Cordelia Catherine Castle

Father's  
Name

Michael Grinnemann

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Hannah Wood

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Beasie Grinnemann

How related  
to deceased

Daughter

## CAUSES OF DEATH

120

How long

Primary

Arteriosclerosis + chronic subacute hepatitis 5 years.

How long

Immediate

Crenia

10 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
PhysicianE. C. Ferguson  
Thurmont, Md.PHYSICIAN  
OR CORONER

Accident or Suicide?

